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AND THE PRESCRIPTION

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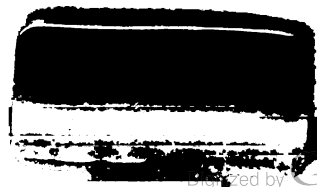
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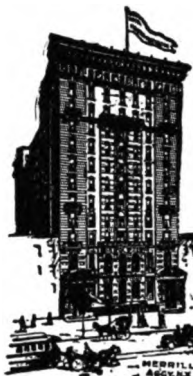
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THE resisting power of the body against disease is relative to the opsonic value of the blood and the severity of a localized disease process depends largely upon the retardation of the flow of the blood to that part.

The phagocytes may gather, but unless they receive the full amount of the normal flow with its opsonins, resisting power is lost and suppuration takes place. We must either increase the opsonic index of the blood so that the small amount flowing through the infected part may be of normal opsonic value, or, what is simpler and as effective, dilate the blood-vessels and let the blood, with nature's own method of combating disease, circulate through the area desired.

Heat dilates the blood-vessels, but to be effective it must extend to the periphery of the infected area, when it will not cause suppuration by increasing the bacteria. An antiseptic poultice is the best method of conveying heat. There is but one method of poulticing which commends itself to thinking physicians, and that is with the antiseptic, hygroscopic, plastic dressing—

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(Inflammation's Antidote)

NEW ENGLAND MEDICAL MONTHLY:

Devoted to Medicine, Surgery and Allied Sciences.

Vol. XXVII, No. 5.

MAY, 1908.

Whole No. 317.

Original Communications.

THERAPEUTIC TIPS.

BY E. S. MCKEE, M. D.,
CINCINNATI, OHIO.

SODIUM ANILIN ARSENATE IN SYPHILIS.

HALLOPEAU injects a ten per cent. solution of anilin-arsenate of soda into the gluteal region for syphilis. The amount injected each time is 0.75 to 0.50. They are repeated three times a week and from five to nine injections are given. We endeavored to obtain patients not undergoing mercurial treatment and the total number of these patients was 72. Under this treatment exostoses and their accompanying pains have disappeared, and the action of the drug is most striking in syphilitic roseola, papillary syphilide and tertiary manifestations. Secondary syphilides are rebellious but ultimately succumb. Vegetating condylomata prove resistant to this form of treatment and lingual leucoplakia is entirely uninfluenced by it. The freshly prepared drug should be used as in about two weeks it tends to undergo dissociation and may give rise to very dangerous by-products. Heating the drug to 100° C also causes similar changes. The greater the weight of the patient the less likely is he to show intolerance. Children and old people bear

the drug badly. Care should be exercised with those suffering from renal and cardiac diseases. The injections should not be prolonged as the drug accumulates in the system and causes serious symptoms. The author thinks that medication with mercury and iodide of potassium should be carried out as well as these injections.

The article of Dr. Hallopeau can be found in full in *Gazette Medicale de Paris*, June 15, 1907.

TREATMENT OF ENDOCARDITIC AND VALVULAR HEART DISEASE.

Sodium salicylate will cut short many impending cardiac complications if administered regularly and especially at the height of the fever, its administration is continued at night as well as day according to Huchard, *Journal des Practiciens*, October 19, 1907. Omitting to administer the remedy at night may permit of the development of these complications during the night. Salicylates must be continued a day or two after the subsidence of pain but in diminished doses. The patient must be kept at rest and on a milk diet. After the administration of a purgative, preferably sulphate of soda as it acts also as a diuretic, one milligramme of crystallized digitalis should be given at one dose. The digitalis should be repeated ten days later. When digitalis has no effect it is due to faulty circulation in the heart, and bleeding

will then be of benefit. The author thinks that the crystalline digitalis is the best both on account of its invariability in chemical composition and therapeutic action.

HIGH FREQUENCY CURRENTS FOR CONSTIPATION.

During the treatment of hemorrhoids, anal fissures and fistula with high frequency currents, Fleig and Frenckel have found that this method cures constipation quickly and harmlessly. In twenty cases which they treated in this way, amelioration followed in every case. The application was unipolar, 110 volts, the electrode being either single or conical according to the tolerance of the patient. The intensity of the current was gradually increased and diminished, during each sitting lasting from five to eighteen minutes and varying in number from eight to fifteen. In three cases of muco-membranous colitis the current was applied by means of one electrode on the abdomen and the other in the rectum, with the result that two cases were completely cured and a third materially improved, the number of sittings being respectively, eight, sixteen and twenty. The great advantages of the treatment appear to be the rapid improvement of the general condition, and the absence of pain during the sittings.

GONORRHEA TREATED BY SANTAL.

Kanitz reports in the *Therapeutische Monatschrift*, October, 1907, the use of santal on 45 patients. In the intestine it divides into sandalwood oil and salicylic acid, and has no irritating action on the digestive organs and the kidneys. He found that it exerted an energetic action in reducing secretion and relieving pain. It was a useful remedy where chordee and painful micturition were prominent symptoms.

It was only when local treatment was added to the santal treatment that the gonococci began to disappear. There is no evidence that santal inhibits the multiplication of gonococci; it has no bactericidal action whatever. It is especially useful in posterior urethritis and when the gonorrhea is complicated with epididymitis and prostatitis. He did not recommend its use in chronic gonorrhea. It has the advantage over the balsams of being tasteless. Santal is a salicylic ester of sandalwood oil, a bright yellow oil with an aromatic smell. It is also tasteless and does not make the breath smell of santal oil. At Kanitz' clinic at the University of Kolozsvár, the routine treatment of acute gonorrhea consists of first local injections of protargol, commencing with $\frac{1}{4}\%$ solution and increasing the strength in proportion with the tolerance shown. The urethra is irrigated with a warm solution of permanganate, 1-10,000 to 1-3000. A simple acute gonorrhea is usually cured by these means in from four to six weeks.

TREATMENT OF BRONCHITIS AND BRONCHO-PNEUMONIA IN CHILDREN.

Prophylactically Marfan instils once daily into each nostril, five or six drops of a solution of oil of sweet almonds, 40.00 with 0.4 of menthol dissolved in it and every now and again dissolving in the nostril some ointment consisting of three grammes of boric acid, 0.3 of resorcine in 30.00 of petrolatum. This treatment has for its object antiseptics of the nasal fossæ and nasopharynx. To disinfect the mouth the author advises swabbing the mouth with pledgets of wool soaked in a one per cent. solution of resorcine once or twice daily and if stomatitis exists the mouth should be cleansed once or twice daily with boiling water. The chest should be rubbed twice daily with tur-

pentine liniment and vaporized creosote should be inhaled, as well as tincture of benzoin and essence of turpentine. Internally ether and acetate of ammonia in capillary bronchitis.—
Journal Med. Bruxelles, May, 1907.

—:O:—

Selected Original Articles

A STUDY OF 400 CASES OF EPITHELIOMA, IN PRIVATE PRACTICE, WITH REMARKS ON TREATMENT AND RESULTS.

BY L. DUNCAN BULKLEY, A. M., M. D.,
AND HENRY H. JANEWAY, M. D.,
NEW YORK.

Read before the Medical Society of the State of New York, January 28, 1908.

CARCINOMA of the skin exhibits many phases and presents many problems in regard to treatment.

As to its *etiology* we have all to agree that we know but little. We can observe the epithelial degeneration and perverted growth, and note the many local irritating causes which appear to have an etiological significance, but as to the real reason why in most people these irritations will pass off more or less quickly, while in others they will result in a continued misbehavior of the epithelial cells, we are yet in the dark. There has been no lack of earnest and faithful microscopic studies of the diseased parts, and at one time and another there have been rumors and statements in regard to the finding of a cause in some particular microorganism; but competent observers have differed widely concerning the interpretation of what was seen, and it may be stated that thus far no universally accepted etiological element has been proven.

The *diagnosis* of epithelioma is, as a rule, fairly easy to those well acquainted with its manifestations, al-

though one constantly sees cases in which the disease has not been recognized. In a certain number of instances syphilitic lesions have been mistaken for epithelioma, and so they have been cauterized and even excised: and the latter has often been diagnosed as lupus and treated accordingly. In many instances errors occur in the way of not recognizing the epithelial character of the disease, especially in its early stages, and in either neglecting it entirely, or stimulating the malignant growth by unwise superficial cauterizations. In this way trifling lesions are incited to take on malignant action, and often are not properly attended to until they have become almost or wholly beyond remedy. This is especially true in regard to those on the lip and in the buccal cavity; and the many sad instances of advanced epithelioma in these locations which one meets with, which are hopeless or where only the most terrible and destructive surgical procedures can give any hope of relief, and that too often only for a season, are sad to contemplate.

The *prognosis* of epithelioma, therefore, depends very largely upon the wisdom which has been applied to it from the inception of the degenerative process, although in certain rather rare cases the disease appears to be malignant from the beginning, and all attempts to check the progress of the malady seems fruitless. In many instances, however, lesions which are the beginning of epithelioma will yield and disappear entirely with proper, mild, continuous protective and alternative treatment, while in the various stages correct measures will check and remove the difficulty much more effectively than is commonly imagined, as will appear later. There is, therefore, no need for great alarm always, when epithelioma is diagnosed, although

there is need of receiving and properly carrying out exactly the best remedial measures before the disease, which always begins as a local process, has gained too great a headway and the lymphatics are invaded. The choice and application of these measures will be considered later, with the results obtained.

The cases which are to be analyzed have occurred in the private practice of one of the writers, and date back some of them over 35 years. In all this analysis it is to be remembered that the notes of cases, recorded at the time of each visit, were not made with any view to such a study as this, but only in the ordinary routine of office practice, in order to facilitate the study and treatment of each case. The cases of epithelioma number 417, and occur among a trifle over 15,000 cases of miscellaneous diseases of the skin; the disease thus appearing with a frequency of 2.78 per cent. in this class of practice. The ages and sex are seen in the following table:

TABLE I.
AGES AT WHICH DISEASE BEGAN.

Age	Male	Female	Total
Under 20 years.....	3	4	7
20 to 25 ".....	2	2	4
25 " 30 ".....	3	8	11
30 " 35 ".....	24	13	37
35 " 40 ".....	33	16	49
40 " 45 ".....	32	12	44
45 " 50 ".....	26	15	41
50 " 55 ".....	28	18	46
55 " 60 ".....	27	19	46
60 " 65 ".....	26	11	37
65 " 70 ".....	32	10	42
70 " 75 ".....	18	8	26
75 " 80 ".....	12	2	14
80 " 85 ".....	4	3	7
85 " 90 ".....	1	1	2
90 " 95 ".....	2	1	3
No age stated.....	2	..	2
	274	143	417

We observe that the disease appeared much more frequently in males than in females, 274 to 143, or almost two to one. The larger proportion in men is accounted for in part by the number of cases of cancer of the lip.

and also on the face, due so often to the irritation of shaving.

A study of the age is interesting. Carcinoma is known to be a malady largely of adult life, indeed the cutaneous forms of epithelioma are commonly thought to belong to advancing years. We were, therefore, somewhat surprised to observe the relative uniformity of its appearance at each quinquennium between 30 and 70, which is shown in this table; the actually largest number, 49, first occurred between the ages of 35 and 40, and the next largest number, 46, between 50 and 55 and also between 55 and 60. The youngest of our patients was seen at nineteen years of age, the oldest 92, when the disease on the nose yielded entirely to mild alterative applications. There were six patients in whom the epithelial disease began under twenty years of age. The disease is seen to vary somewhat in the sexes at different periods of life; in advancing years it is more common in males.

The location of epithelioma is also an interesting study, and Table II exhibits this in the order of relative frequency.

TABLE II.
LOCATION OF EPITHELIOMA.

Location	Male	Female	Total
Multiple.....	20	6	26
Nose.....	77	51	128
Cheek.....	66	28	94
Lower lip.....	32	..	32
Forehead.....	6	13	19
Temple.....	8	8	16
Eyelid.....	8	7	15
Tongue.....	11	2	13
Ear.....	11	2	13
Neck.....	7	1	8
Breast.....	..	8	8
Upper lip.....	2	5	7
Genitals.....	3	3	6
Body.....	3	2	5
Gums.....	4	..	4
Inside cheek.....	4	..	4
Inside mouth.....	1	2	3
Chin.....	3	..	3
Tonsil.....	1	1	2
Scalp.....	..	2	2
Extremities.....	2	..	2
No location specified...	5	2	7
	274	143	417

The most frequent site is seen to be on the nose, where there were 128 cases, 77 males and 51 females. The cheek comes next with 94 cases, 66 males and 28 females, the large proportion in males being due, as mentioned, partly to the irritation of shaving. Epithelioma of the lower lip appears next on the list, of which there were 32 cases, all in males; on the upper lip it occurred in seven cases, two males and five females. The disease was observed in other locations with varying frequency, as seen in the table. On the breast were eight cases, in females, all of the form known as Paget's disease.

Epithelioma has often been thought to appear only in a single patch, but there were 26 cases, twenty males and six females, in which there were multiple lesions. In one case, now in the New York Skin and Cancer Hospital, a man aged 40 has epitheliomatous degeneration appearing in about a dozen places about the head; the largest is an ulcerated patch about three inches in diameter behind the right ear, and also one an inch in diameter beneath the left eye.

The *duration* of epithelioma also presents an instructive study. In Table III is seen the length of time the disease had lasted before the patient came under observation and treatment.

TABLE III.

DURATION BEFORE OBSERVATION.	
Duration unspecified	35
6 months and under	47
6 " to 1 year	19
1 year to 1 ½ years	22
1 ½ " 2 "	7
2 years " 3 "	32
3 " 4 "	41
4 " 5 "	31
5 " 6 "	27
6 " 7 "	19
7 " 8 "	16
8 " 9 "	18
9 " 10 "	18
10 " 15 "	42
15 " 20 "	43
	417

The data in regard to the duration of such a disease as epithelioma cannot, of course, be accepted as wholly accurate, as the table is made up of statements given off-hand, in the ordinary run of office practice; but it indicates to a fair degree the obstinacy of this affection. In some instances the epithelial degeneration had been going on for a longer time than stated, and the trouble was only noticed when some ulceration or crusting had taken place; in others the data had been placed at the time of some abrasion, which being badly handled, had refused to heal and later perhaps had been stimulated into unhealthy action by injudicious application of nitrate of silver.

We see, however, that in a certain number, 47, the trouble had lasted only six months or less, before coming under treatment, while in large numbers of cases it had existed from two to twenty years previous to observation. As will be mentioned later, in these early cases, before the epithelial misgrowth had penetrated into the deeper structures, the tendency to disease was often checked and the tissue restored to a normal condition by relatively mild measures, very carefully and continuously employed; although some of these were radically removed with an arsenical paste, and latterly by the X-ray. It is, of course, most desirable that the disease should be definitely recognized and properly treated in this early stage; and the profession should learn to recognize it then and warn patients against neglect or injudicious treatment. But, on the other hand, it is surprising what most excellent results can be obtained in suitable cases by the X-rays, properly used, even when the disease has lasted very many years, as will be considered more fully when we come to treatment.

The duration of treatment is a matter which depends upon so many different factors that it is difficult to form any accurate judgment from statistics. It has to do, for instance, with the character, stage and severity of the disease, the nature of the treatment, the faithfulness of the patient, etc., and it is quite impossible to present data in regard to all these. Table IV, however, exhibits some features of interest:

TABLE IV.
DURATION OF TREATMENT.

Cases untreated.....	45
Duration uncertain or still under treatment	138
Operative cases.....	38
Cases receiving local treatment including X-ray—	
3 months and under.....	69
3 " to 6 months.....	43
6 " " 9 " 	13
9 " " 12 " 	19
12 " " 2 years.....	6
2 years and more.....	46
	417
Duration of X-ray cases (included in the above)—	
3 months and under.....	29
3 " to 6 months.....	12
6 " " 9 " 	4
9 " " 12 " 	2
12 " and over.....	6
	53

In quite a proportion, 138, it is impossible to learn the duration of the treatment, as patients often left the city with only partial results observed, and owing to change of residence, very many of the letters sent have been returned. There were 38 operative cases, and 247 in which various other treatments were employed. In many operable cases it was quite impossible to secure consent, and only palliative measures were possible; although of late years, by means of proper X-ray treatment, combined with various local applications, results have been secured, in many of these cases, such as could never have been supposed possible. In many of the milder cases a prolonged protective and alterative course

of local treatment eventuated in perfect restoration of the part to health. In many of the more severe cases caustics, especially Marsden's arsenical paste, was employed with perfect and lasting results.

The form of variety of epithelioma is a very important feature, and as remarked before, has much to do with the success of the case. Among the cases here analyzed almost every possible form and degree of the disease were noted. In many cases the epithelial disturbance was in its incipient stage, and presented only the earliest departure of the epithelial cells from the normal; indeed, in some of them it would be difficult for an inexperienced eye to decide that the process was one which under adverse influences would develop into a serious epithelioma. In a very large share of the cases the disease was so far advanced that no one with experience could hesitate in regard to the diagnosis. In relatively few of the cases was the diagnosis established by biopsy, but in cases where the microscope was employed the diagnosis was thus confirmed.

(By Dr. Janeway.)—Concerning the varieties of epithelioma, two very distinct kinds of tumors present themselves for consideration. These may be most conveniently named according to Krompecker's classification, namely, (1) Epithelioma basocellare, and (2) Epithelioma spinocellare. These two names refer respectively to the layers of the skin from which the particular variety is supposed to originate.

Whether this assumption as to the explanation of the difference presented by these two kinds of tumors is correct or not, affects very little the fact that the groups which they name are totally different, both clinically and pathologically. The classification is a

convenient one, and the term *basalzellen Krebses* is solidly implanted in literature. Pathologically epithelioma basocellare is composed of cells which are more or less fusiform in shape, small in size, and with relatively little protoplasm, but with well formed, generally ovoid nuclei; no epithelioma pearls are present and the cells invade the surrounding tissue in groups. In fact the cells show some approach to a cell of an endothelial type; and some observers have maintained that these tumors are really endotheliomata.

These tumors are, moreover, strikingly different from the ordinary forms of cancer. They represent the small, superficial, slow growths that appear upon the face, nose, ears, and upper lip, and are the tumors which belong essentially to dermatology. Their progress is very slow, and often they will show spontaneous healing; such a case has recently been reported by Dr. H. Jacobsthal.* They practically never form metastases. It is this apparent benignity that makes it justifiable to ever resort to any other local treatment than excision. They are peculiarly amenable to X-ray treatment, and on account of their slow progress no risk is run by the use of the X-ray in this class of growths; on the other hand, it cannot be incorrect to state that, when judiciously used in what may be termed fair cases, 100 per cent. of cures may be expected, and with far less deformity than after excision.

Of a very different character from this group, however, is *epithelioma spinocellulare*. The tumor here is composed of large cells, with a relatively great amount of protoplasm and well formed nuclei; the latter frequently show mitotic figures. The cells distinctly preserve the epithelial type, in

form and characteristics, and inter-cellular union, in the form of pickle cells is present; epithelial pearls, due to the inherent tendency of the cells to preserve the normal life history of a spine cell, are a special feature of these tumors. Metastases are of frequent occurrence, and the growth of these tumors is rapid.

These epitheliomata occur with great regularity in portions of the body not invaded by epithelioma basocellare. They occur upon the mucous membrane of the lower lip, on the tongue, on mucocutaneous junctions, etc.

The most interesting question, of course, is what constitutes the real difference between these two groups of tumors? If, as Krompecker supposes, the epithelioma basocellare originates from the basal layers of the epidermis, one would be led to assume that, as these are the youngest cells, with an *a priori* more potential power of growth and reproductive force, it should produce a more malignant tumor than the more specialized and further evolved squamous cells of the succeeding layers.

One might also ask, why do the basocellular epitheliomata remain, or appear, so strictly limited to one portion of the body? Why, if their origin is explained by the layer from which they are developed, should they not spring also from the basal cells of other portions of the economy? Certainly this is an interesting question and worthy of some consideration, why do these peculiar growths occur with such preponderating frequency upon a limited area of the body, the face? Certainly, regarding their etiology as distinct from other epitheliomata, the locality must be emphasized as having some important connection.

An explanation may be found in the limiting influence which a tissue more hardened by exposure might have upon

* *Archiv. für klinische Chirurgie*, Heft 2, 1907, p. 325.

a foreign body composed of a malignant new growth. The question of the natural resistance of the tissues themselves to tumor growth, apart from any cystolytic agent existing in the blood plasma, is an interesting one. Ribbert distinctly admits* that there is some part played in the production of carcinoma by the surrounding connective tissue, so that when once the epithelial cell, whether by fetal or by post-embryonal glandular formation, or also by dermic inflammatory changes, becomes freed from its normal habitat, the amount of resistance which the connective tissue presents to its independent growth as a factor in the development of a malignant tumor. Further than this, when the process has once started, the independence of the epithelial cells becomes more firmly established, and the resisting power of the surrounding mesoblastic tissue more and more impotent.

Coinciding with this is the established clinical fact that the earlier stages of a new growth are less lawless, less rapid in development, and more local than the later stages; all this shows that we must recognize in the restraining influence of the surrounding tissues a factor in the development or failure to develop a malignant new growth. Clinical experience also justifies us in carrying the point a step farther. May we not here recognize a precancerous stage, or perhaps, to express it better, a preliminary stage of cancer? Certainly we have repeatedly observed the healing by bland ointments of ulcers, even on the lower lip, which presented every characteristic of cancer and which either were really cancer, or a preliminary stage of the disease; one feels justified in making this statement because one sees other, exactly simi-

lar lesions which, when untreated or maltreated, develop into florid epitheliomata. In the stage of which we are speaking, however, the resistance of the external tissues, when aided by proper protective and alterative measures, is sufficient to enable it ultimately to present an efficient barrier to further epithelial invasion.

This explanation presented by Dr. Janeway seems to account for the very great difference which we continually observe in the behavior of different cases of epithelioma, and the confidence with which one can predict a perfect result in very many of those appearing about the face and head. This is true even when recurrences happen at longer or shorter intervals, for rarely do second manifestations resist any more than those first treated.

It also explains, in a measure, the quite different course of the epithelioma on the mucous membrane of the lower lip and in the buccal activity. In their very early stages they will sometimes yield to mild and proper alterative applications, but they resent anything which stimulates the surface; and nitrate of silver has been answerable for the steady aggravation of many of them, until they have attained very serious proportions. It also guides us in regard to treatment.

The *treatment* of the cases under consideration has been most varied, for in epithelioma each case is a study, both at the beginning and constantly, until a perfect cicatrix results. Routine treatment of every lesion diagnosed as epithelioma, whether it be by excision, caustics, the X-ray, or other means, is to be deplored; and the results seen in many cases which had previously been in the hands of cancer, or X-ray quacks, demonstrated the evils consequent upon an ignorant and often vicious handling of the disease.

Excision has been advised in certain

* *Deutsche medizinische Wochenschrift*, No. 42, 1906, page 1693.

proportion of the cases analyzed, notably those of the lip and mouth, but there are records of only 47 in which it was practiced by various surgeons, although there were probably many more. In a good many of these the results, as learned recently, were successful; in a number there was recurrence, and in some instances death ultimately occurred from the disease. The results of surgical interference depend so much upon the stage or condition of the disease, and the completeness of the removal with adjoining glands, that little can be learned from these records. From experience, however, we are firmly convinced that the knife offers still the best, and, indeed, the only chance in a certain class of cases, and when excision is properly and radically done, good results may be looked for in a large proportion of suitable cases, even when far advanced. There were, however, quite a number of instances of enormous development of external cancer which were beyond the hope of operative relief; in some such patients in the New York Skin and Cancer Hospital there has seemed to be much benefit, in late years, from the X-ray.

In earlier years many of the cases here analyzed were treated with deeply acting caustics, and especially with the arsenical paste, as employed by Marsden, in the Middlesex Hospital, London. When rightly used, in proper cases, the results of this treatment are excellent, and the scar is all that could be desired; there were thus treated 28 cases, and perfect results known in over 60 per cent., many being lost sight of. This treatment is pretty painful and tedious in the separation of the resulting slough and consequent healing; it has been little used of late, as the X-ray will generally reach just the forms of disease to which this is applicable.

Curettage is often a valuable means of removing the diseased tissue, and, when combined with other proper measures of curing epithelioma. But to be successful, it must be very thorough, as the chances are very great that some portion of the disease will escape removal and will shortly reproduce new epitheliomatous elements. Hence the curette is rarely if ever trusted to alone, but is followed by the actual cautery or some penetrating caustic. We have had excellent results in many cases by a very thorough curetting, and filling the cavity with powdered pyrogallic acid, and a trifle of cotton packed on top; when the resulting crust fell, in a week or so, all was healed. There were 59 cases in which the curette was used.

The X-ray treatment represents the greatest advancement which has been made in the cure of many cases of epithelioma which previously were often most unsatisfactory, and although somewhat of a reaction has set in against the employment of this agent, no one who has carefully observed the results, when properly used, can possibly doubt the wonderful addition which it has made to our armamentarium. We speak advisedly in regard to the cure of epithelioma by this means, for Pusev* and others have demonstrated very many cases where the results of even severe cases have been perfect after the lapse of over three years.

The X-ray cases amount to 70, some of which are now under treatment, and as we have employed this method only about five years it is too early to draw valuable deduction from them. But no one who watches an epitheliomatous ulcer, which had previously remained and progressed for years, steadily melt away, heal, and finally

* *Journal of the American Medical Association*, January 11, 1908, page 100.

leave only a very superficial, supple, and often hardly recognizable scar, under this method of treatment, can reasonably question the inestimable value of this agent. In many of these cases the disease was situated about the eye, in the sulcus of the nose, and in places where excision or other active treatment would have wrought havoc with the features, and where we have often seen recurrence after surgical removal.

This is not the occasion to dwell particularly on the technique and mode of using the X-ray, which is so often abused; the matter has been so fully considered by others that it is not necessary here. The study of its effects is still in its infancy, and every candid worker will agree that he knows but little as to its real *modus operandi*, and yet he knows more of its actual effects, and how to secure them best, with each application made. It is, indeed a two-edged weapon, which may harm both patient and physician, but when rightly managed it need not harm either, and can wonderfully benefit the former.

Great claims have been made for radium in the treatment of certain forms of epithelioma. It was used for quite a while in our service at the New York Skin and Cancer Hospital, but we could not see that it produced as good results as the X-ray, and no satisfactory data can be given.

It would be useless to detail the many modifications of local treatment which have been employed in individual cases during the past 35 years, with varying success, for experience has gradually narrowed down the methods of treatment to the four mentioned, namely: 1, Complete and radical surgical removal in certain cases where this seems imperative; 2, very thorough and deep cauteriza-

tion, preferably with Marsden's arsenical paste, used as he describes; 3, the curette, employed as previously explained; and 4, the X-ray. To these may be only added that in the earliest, superficial epithelial derangement, really and precancerous stage, the constant application of ointments, containing such substances as salicylic acid, pyrogallol acid, ichthyol, etc., will often succeed in restoring to health lesions which, if untreated or maltreated, will unquestionably result in active epithelioma.

In conclusion, therefore, we wish to emphasize the following points:

1. The most frequent form of cancer which the dermatologist is called on to treat is, both pathologically and clinically, quite a different growth in its relatively benign course, from the usual conception of cancer.

2. It occurs chiefly about the face, in places where radical operative measures are apt to produce serious deformities, which very materially add to the patient's discomfort.

3. While the experience of 35 years demonstrates that many cases can be permanently cured by caustic pastes, these are at times disappointing and may lead to an aggravation of the trouble.

4. The curette cannot be depended on alone, but requires additional destructive agents to the base left after operation.

5. By the proper use of the X-ray we have a safe, and, in cases that have not been grossly neglected or maltreated, a sure method of cure, with the least amount of deformity.

6. In cases where knowledge and experience shows that these lighter measures are not likely to avail in checking the course of the disease, recourse should certainly be made to complete surgical removal, as this has

been shown to be permanently successful in a reasonable proportion of cases.

531 MADISON AVENUE.
Medical Record.

MALFORMATIONS OF THE MOUTH AND CLEFT PALATE.

BY M. F. COOMES, A. M., M. D.,
LOUISVILLE, KY.

Professor of Physiology, Ophthalmology, Otology and Laryngology in the Kentucky School of Medicine; a Member of the American Medical Association, the Kentucky State Medical Society, and the Louisville Clinical Society; Ophthalmic Surgeon to the Louisville City Hospital, and the Kentucky School of Medicine Hospital; Consulting Ophthalmic Surgeon to Sts. Mary and Elizabeth Hospital; Ophthalmic Surgeon to St. Anthony's Hospital, etc., etc.

Read before the Jefferson County Medical Society,
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IN PRESENTING this subject to you for consideration I do so for the purpose of making a plea for a more thorough consideration of the surgery of cleft palate. The general surgeon is not overly anxious for such work because of the great amount of time required to do it and a chance of failure. Again the amount of money to be obtained for the average of these cases is not at all in keeping with the time and skill required to perform the operation. This coupled with the unsatisfactory result so often obtained causes many surgeons to let some one else do the work, not caring to have the failure credited to them.

It is rather a strange fact that so little sympathy is manifested for these unfortunates by their fellowman. A child with strabismus is pitied and its condition commented upon, and the parents are urged to have the defect corrected, but not so with the little one with the cleft palate; it is left to *whine* and *grunt*, and a suggestion of relief is rarely ever made in its behalf.

Not long since I operated upon a grown young man who had harelip. I

asked him why he waited so long, his reply was that "no one had ever told him that it could be done until recently."

There has been but little of this kind of clinical work done in the medical colleges, and the teacher of general surgery often does not mention it in his course of lectures, hence the general practitioner of medicine may never have heard a lecture on the subject of cleft palate, nor had seen a case until he chanced to meet with it in practice, and under such circumstances he is not likely to give any positive course to be pursued by the parents of the unfortunate sufferer.

The surgeon that does this work must study each case so that he may have in his mind's eye when he commences the operation a clear understanding of the tissues with which he is to deal in order that the disposition of each part may be correctly made. An improper cut, or a misunderstanding as to what is to be done with any particular structure, would make it impossible to do the work in a proper manner, and a failure or imperfect result would follow.

The operation for restoring the cleft in the hard palate is the "Pons Assinorum" in surgery, in other words, the "jackass bridge." There may be some general laws laid down for this work, but no hard and fast lines can be followed in doing anyone of these operations. Each case is a separate and individual case of itself requiring special study as to the mode of procedure, and especially as to the means of gaining the desired end. This is true, because of the multiplicity of complications accompanying these cases—as to the shape of the separate parts—one end may be longer than the other; there may be more tissue on one side than the other; the curvature of the bony margin on one side

may be greater than that on the other, and so on I might run through the variety of deformities that are met with. Considering these facts it will be seen that the ingenuity and the surveying powers of the surgeon will be exercised to their limit in order to meet the emergencies.

Malformations of the Mouth.—Under this head are usually classified all of the clefts found in the lips and face as well as those met in the hard and soft palates. It is fortunate for the surgeon and the patient that these malformations occur most frequently in the lips and soft palate, because they are more easily remedied than those of the hard palate.

In this paper I shall not attempt to discuss the causes of these malformations other than to say, that it is the failure on the part of nature to do its work, and possibly heredity. There is a mistaken idea on the part of many physicians and surgeons as to the actual condition in the cleft palate, and especially where the cleft is complete through the hard palate. This mistaken idea consists in the belief that there is a deficiency in the quantity of tissue present.

We are indebted to Dr. Brophy, of Chicago, for the most enlightened consideration of this subject. He has shown that in these cases there is rarely a deficiency in the amount of tissues, and the successful manner in which he has devised and carried out his ideas shows beyond all doubt that he is correct as to the conditions existing in cases of cleft in the hard palate, and that his mode of operation is the correct one is proven by the results obtained. It is a displacement of tissues and not an absence of tissues. With these facts before us the question of correcting the defect is the next step.

The time at which the operation should be performed is always a ques-

tion that depends upon the nature of the defect to be corrected, and the age and general condition of the patient. If it is a new born child with a cleft through the hard palate it should certainly be done before the child is six weeks old; probably the most propitious time is when the child is three weeks old. This operation should be done without any interference with the lips leaving them and the soft palate for subsequent operations—the lips in from three to four months after the cleft palate, and the soft palate when the child is from fifteen to twenty months old. After children have arrived at the age of six years it would seem that any period is the time to operate, that is, whenever the surgeon and the patient are ready. I believe that children at the age of twelve years or thereabout could be operated upon more satisfactorily, because having arrived at an age where we could have better control, their own intelligence assisting us greatly in caring for the wound after the operation. In adults any time is the time when the patient and surgeon are ready, save in females who should not be operated upon during the menstrual period or thereabouts. In all children a general anæsthetic should be used and the Trendelenberg position maintained. This is apparent to every one, because in that position the blood is kept away from the larynx, and the operation, which is bloody and slow, can proceed so far as interference with respiration is concerned. It may be well if the operator has the time to give the patient (whether child or adult) enough belladonna to dry up the secretions of the mouth so as to be free from excessive saliva which always accompanies these operations. If the operation to be performed is for cleft in both the hard and soft palate then the surgeon should proceed not according to any

strict rule except that of his own, because no hard and fast lines can be marked out for these cases. Usually it is best not to interfere with the edges of the cleft until after the other portion of the operation has been done, namely, that of lifting the soft tissues and periosteum and sliding them into position. When this has been done then the edges may be freshened and the suturing can be proceeded with. I have occasionally freshened the margins of the two sides before the sliding operation has been done, but I do not know that there is any special advantage in this; others have proceeded in the same manner.

The Prognosis.—The prognosis as to the results of these operations is difficult to arrive at. As to the closure of the lip it may be safely said that in nearly all cases with the exercise of proper care and a thorough study of the case before operation, and I mean by that a thorough study of just what you have to deal with, that is, how much tissue you will have and where you will place it. If this point is thoroughly considered a fairly good result can always be expected as to function and cosmetics.

Prognosis of Operation on Soft Palate.—With our modern advances it is pretty safe to say that we may expect to close up the soft palate in nearly all of these cases, although it will often require repeated efforts to do so, and the greatest care on the part of the nurse and attendants; and especially is this true of children who will put their fingers into their mouths and tear out stitches and do all sorts and kinds of things.

Prognosis of Operation on Hard Palate.—Where the cleft is not too wide in adults it can be closed, and the same is true of younger persons, but it should always be remembered that the

voice if it ever becomes normal must be made so by training.

So far as the closure of clefts is concerned in young infants it is safe to say that it may be accomplished by the Brophy method if practiced during the first few weeks of infantile life with the prospects of having a fairly good voice, and with a very small mortality as the result of the operation.

Tension of the Tissues.—There may be a good deal of tension of the tissues where the fissure in the lip is closed. It would be difficult to say just how much tension can be tolerated here, but a good deal. It is better, however, to have practically no tension, even here. This may be corrected by relaxation sutures, and collodion and gauze dressing after the lip has been closed with the sutures. Small strips of gauze should be used and the greatest care taken to have it thoroughly dry before the patient is from under the anæsthetic.

As to the tension in the soft palate, and the tissues of the hard palate that have been slid over there should be none, or practically none, for certainly any great amount of tension here will result in the stitches cutting into the tissues. Some of this might be tolerated, but it is not wise to take any risk of this kind. Always be sure that the parts are apposed with the smallest amount of tension, as I said before there should be no tension here.

Suture Material, and Relaxation Stitches.—Under ordinary circumstances silk sutures are preferable in operations about the mouth and palate, because they are more pliable and less liable to inconvenience the patient. In placing relaxation stitches it is wise to double shot them, slipping on a shot followed by a second one tightening the last which will of course push the first one down close into the tissues.

The advantage of this if the relaxation stitch should become too loose you can push down the shot next to the tissues and tighten up this relaxation stitch at any time it is desired to do so.

Malformations of the Mouth and Nose.—In attempting to correct these defects it should ever be borne in mind that the greatest desideratum is a perfect mouth and nose, and in most cases this can be accomplished. The operator must bear in mind that nature will not help him in correcting any of these deformities. There is no such thing as "out growing" any defects that are not corrected at the time of the operation, and especially is this true of the *lip line*. If there is a "notch" at this point of union of the two sides when the operation is completed it will always remain a notch, it will not fill up. The *lip line* had better curve a little convexly down than concavely upwards. The surgeon should bear in mind that the abundant nerve and blood supply of the parts will always enable him to do almost anything he desires with the lip tissues with the assurance that rapid reparation will follow. In some cases the vertical edges of the cleft are thin for quite a little distance from the margins. If these edges are freshened and united it is almost certain that the thinness of the parts will be so marked as to make the lip unsightly. In such cases the thin edges should be split and the skin surfaces united by one set of sutures and the mucous membrane by another, or if the tissues will admit cut off the thin parts and unite where the tissues are sufficiently thick.

If for any reason in a given case it was thought best to close the lip and leave the cleft in the hard palate until a later period, I would not hesitate to open up the lip in order to secure a better view and better opportunities

in closing the cleft and subsequently reclose the lip.

The American Practitioner and News.

SOME CASES OF KIDNEY SURGERY, THEIR DIFFERENT AND OBSCURE DIAGNOSIS.

BY J. W. SMITH,
HOT SPRINGS, ARK.

IN THIS report of Kidney-Surgery, I desire to speak especially or specifically of three cases,—two of which contained stones or renal calculi, the third a displaced and otherwise badly injured kidney, due to traumatism, their different and obscure diagnoses.

The first case I wish to describe was brought to me by Dr. J. H. Helm, of Siberia, Mo., male, 34 years old, much emaciated and looked to be fifteen or twenty years older, German-American, has always lived in the country, in fact, he is a farmer. History, as described by himself, says he does not remember the beginning of his complaint or paroxysmal pains, but that he has suffered from early boyhood, and was never able to engage in regular manual labor; that he would have two, three, four or even more attacks during the day, sometimes would be awakened in attack at night, but nightly attacks were not so common; would often be free from pain between attacks, complained of soreness in region of right kidney, back and side, more or less all the time and often suffered with severe backache. Frequent rigors, and temperature fluctuated, sometimes reaching 102 degrees F., pulse also fluctuated, also up to 130. Said he had been informed and was under the impression for a great many years that he was suffering from liver trouble. The onset paroxysmal pains or attacks were sudden and most severe; complained of

great pain in back, loin and abdomen, down to inguinal right side; complained of great pain in corona glands; sometimes his right testicle would be sore, but never complained of severe pain; sometimes complained of pain in corona glands between paroxysmal attacks. This pain was nearly always associated with a desire to urinate and vice-versa, the desire to urinate excited coronal pains. I saw patient in two attacks while at my office. In one of these attacks the picture of agony was complete. He simply writhed in pain, even threw himself upon the floor, profuse and copious perspiration occurred. He was given one-half grain morphia hypodermatically and was quite relieved in about 30 or 40 minutes, but felt quite weak and much exhausted, also the effect of the drug caused him to feel anything but natural. Examination of the urine, chemical analysis showed it to be practically normal, except decidedly acid reaction, and excessive phosphates. Specific gravity, 1.020. Microscopical examination revealed blood mucous and epithelial cells in considerable quantity, some pus, no crystals or casts. My diagnosis was stone or renal calculus in right kidney. The patient was sent to hospital and prepared for operation. The methods and steps of operation I shall not here describe except to state that the lumbar extra peritoneal route was selected.

Upon thorough and free exposure of the kidney it was utterly impossible to locate or even detect calculus by any method of palpation or manipulation. The kidney was but slightly enlarged and imparted no abnormality to touch or palpation. Incision was made along the convex border of the kidney, about one and one-half inches long, extending into the pelvic cavity. The index finger was introduced, calculus located and removed with small forceps. The

calculus weighs over twenty grains of a flattened by-convex triangular or heart-shaped outline, the surface of which have been made rough by small pin-head sized elevations. I take this calculus to be oxalate of lime with possibly and probably uric acid. I have removed much larger calculus and have removed multiple calculi from kidneys, but I have never had under my observation a patient who suffered so much as this one from renal calculus. The patient made a rapid and perfect recovery, remained in the hospital two weeks; he gained over 30 pounds in less than six months, and stated to me that he was able to do any and all kinds of manual labor, such as are consequent to farm life, chopping, digging, lifting, hauling, plowing, etc.

The second case, female, Irish-American, 34 years of age. Pale and much emaciated, weighing but 107 pounds. Has always lived in St. Louis. States that she has suffered with back-ache, pain and soreness in left side of back and loin, more or less all the time, greatly varying, however, sometimes severe, and sometimes little or no pain; since childhood. Much intensified and increased since menstruation, or more particularly at times of menstruation. No history of a decided renal colic or paroxysmal sudden attack, no history of pain about the genital organs, bladder, inguinal region or legs. Frequently had rigors, temperature fluctuating up to 103 degrees F. Also pulse fluctuating up to 110.

Upon examination the kidney was found to be tender and painful. Upon digital palpation and manipulation, also it could be detected that the kidney was enlarged. Examination of urine, chemical analysis, revealed nothing of great importance, except excess of phosphates and decidedly acid reaction. Specific gravity, 1.018. Microscopic examination showed mucous

and epithelial cells. No blood or pus. My diagnosis was renal calculus in left kidney. Patient was sent to hospital and prepared for operation. Again, I shall here omit the method and steps of operation, except to state that the lumbar extra peritoneal route was selected. Upon thorough and free exposure of the kidney it was found to be considerably enlarged and thickened. I could easily make out two stones or calculi, one in the pelvis quite large. The other one quite low, perhaps, occupying the lowermost calyces. Incision was made through the convex border of kidney, about two inches in length down into the pelvis, the largest stone was quite easily located and removed. The second one was more difficult to remove. It was found to occupy the lowermost calyces, and quite tightly held by the surrounding tissues. It was carefully dislodged and removed. Their aggregate weight exceeds 80 grains. The larger calculus which was removed from pelvis of kidneys weighs 63 grains and is of a decidedly by-convex triangular or heart-shaped calculus, the surfaces of which are slightly roughened by small pin-head sized elevations. The second in size is somewhat ovoid or by-convex with quadrilateral projections, some of which are long and sharp. The body or surfaces are roughened by the so-called pin-head elevations, somewhat larger than in either of the two preceding specimens. Also these projections are somewhat larger, of a grayish or white color, and have become so polished that they resemble poppy seed. The third and smaller of the three calculi was ovoid or almond shaped. Its surfaces are smooth and regular. All of these calculi present a dark brown color except the polished pin-head projections upon the second largest, which has already been described. I believe these calculi are

oxalate of lime with possible and probably uric acid. I believe that oxalate of lime calculus produces more pain and kidney disturbance than possibly any other kind of calculus, and I believe that statisticians will thus bear me out, whether it is due to the calculus itself or whether it is due to the condition which produces it, is not clearly proven. The last named patient did well, except she had stitch abscess, which was opened and drained. It healed kindly in a few weeks and has given no further trouble. It has been now more than one year since the operation and she has been entirely free from pain and has gained over 40 pounds since the operation.

Now, to summarize the potent factors or diagnostic points in the above narrated two cases, I wish to say there were many symptoms obscured or lacking from the ordinary clinical cases of renal calculus, in both cases. But cases of various and of all kinds, referred or reflexed pain due to renal calculus have been reported and other cases have been reported where there have been no regular clinical symptoms at all, and we frequently find upon post mortem examinations, stones of various sizes and numbers that have not even been suspected during life.

In one case reported, the symptoms were greatly referred to reflex, while in the other they were almost wholly organic, or in other words, confined to the kidney itself. And in the one case where there was but one calculus, somewhat regular in its shape and outline and not a very large stone, the suffering was intense, and almost unbearable at times. In the second case, the calculi were multiple and aggregated more than three times the weight and size of the previously described one; also much more irregular in their formation and outline and yet this patient did not suffer nearly so much as the

one above described. The fact is herein well demonstrated that size, number, or even shape of the calculus do not always account for the greatest pains. In one case there was no blood or pus or reflex pain; in the other case, some rather unusual reflex pain, viz.: pain in corona glands, and lacking in testicles. Perhaps it might be well to here state that the second patient and the one in whose kidney were found the three calculi, aggregating a weight of over 80 grains was subjected to X-ray examination, which failed to show the calculi. Furthermore, I will state that in each of these cases, the ureter was sounded and examined in its entirety down to the bladder and this precautionary step should never be neglected, as often a brilliant and otherwise successful operation for the removal of renal calculus might become a dismal failure, due to impacted calculus somewhere in the ureter. Very evidently, these calculi in both cases had been formed in early life, at just what age, no one can say, as statistics show children have been born with calculus in kidneys, others have been operated upon in early infant life, but the most favorable age for kidney calculus formation would seem to be between the ages of 20 and 45 years. And when we encounter or find calculus in old age, they are perhaps calculus which have been formed in earlier life and remained dormant.

I have presented these two cases with their concise clinical data in contradistinction to the more clearly and regular cases of renal calculus and have purposely omitted comparison or descriptions of what I consider more regular and clearer cases of renal calculus.

The third case, female, 28 years of age. American and lives in the South. She was a great sufferer, pale and emaciated, married and belongs to a

very wealthy and aristocratic Southern family. Her history is as follows: Seven years before operation she was thrown from her buggy by a runaway horse; she thinks her right side encountered or struck a projecting hard portion of earth or little hill-like; at any rate, she realized that she was badly hurt, and her pain was located in her back, right loin and abdomen down to right inguinal region and right leg. She was very ill, in fact, her life was despaired of for some time. She eventually regained enough strength and health to be sent away in hopes of benefit to her health and relief from her almost constant pain and suffering. To briefly summarize her history, she made frequent trips to numerous health resorts and springs and sea shore. She made a number of trips to Hot Springs, Ark., with little or no benefit.

Upon examination, I found the kidney so tender and painful upon palpation and manipulation, that it was impossible to make a satisfactory examination without anesthetic, therefore she was chloroformed and examination was completed. I could easily detect that the kidney was enlarged and not in its proper place or position. Urine was examined both chemically and microscopically, not abnormal was revealed.

I should have stated in beginning the history of injury that she passed bloody urine for some days after injury. My diagnosis was displaced kidney. She was sent to the hospital and prepared for operation. Again, I shall omit details of operation down to the kidney, except to state that the lumbar extra peritoneal route was selected. Upon exposure of the kidney it was found to be considerably enlarged, occupying a position almost transversely; upon more careful examination and inspection, it was very evident that the kidney had been lacerated and torn, cicatricial

tissue and the "V" shaped opening gave the positive evidence; the upper portion of the kidney had been torn from about the beginning or on a level with the beginning of the hilum or pedicle of the kidney backwards almost half way through the kidney; the kidney was entirely freed from its position and replaced in its normal place and position and there attached or anchored by chromatinized cat-gut; incision was closed up except room for large gauze pack to support kidney in its position.

This packing was not disturbed until the third day, when it was removed and the wound allowed to heal. After removal of this packing the abdominal kidney pack was substituted; the wound healed by first intention throughout. She stated on the third day after the packing, which was to support the kidney had been removed, that she was entirely free from pain, and she has so remained ever since. She has gained twenty pounds since the operation, which is now more than one year since.

DUGAN-STUART BUILDING.

The Hot Springs Medical Journal.

THE BEST THINGS IN THERAPEUTICS.

BY GUSTAVUS ELIOT, A. M., M. D.,
NEW HAVEN, CONN.

Read before the New Haven (Conn.) Medical Association,
Dec. 5, 1906.

IT would be of great advantage to both the science and the practice of medicine if there were more uniformity of opinion among physicians in regard to the therapeutic value of well-known remedies. One drug, which is used frequently and considered of great value by some practitioners, may be rarely used and esteemed of little value by others of equal learning and skill. Another, which was used fre-

quently by one individual several years ago, may be almost never prescribed by him to-day, not necessarily because he has been convinced of its uselessness or its inferiority to others, but simply because he has fallen into the habit of using something else, which very likely, if he stops to think, he does not consider superior to the former.

It is by the expression and comparison and discussion of opinions that greater uniformity of practice may be secured and some definite principles of therapeutics established.

Assuming that some of the conclusions of one who has been in active practice for more than 25 years, and who has tried to observe carefully the effects of his prescriptions, might be of some interest to his fellow-workers in the same field, the writer has ventured, at the risk of saying nothing new, to enumerate, with brief comments, some of the remedies for internal use which seem to him most thoroughly established in professional confidence, and be of the greatest value. This involves a consideration of the drugs which are most useful in particular diseases of pathological conditions, and by the loss of which the profession would be most seriously handicapped in medical treatment.

At the head of the list I am inclined to place the use of mercury and its compounds in the treatment of syphilis. This disease is so common, prevailing as it does in all countries, affecting all classes in the community and sometimes the innocent as well as sinners, and its effects when not treated or when inadequately treated, are so disastrous, that a drug which can be relied upon to have a favorable influence upon it can justly claim a very high rank among drugs when it is attempted to make a comparative estimate of them. Such a

drug, of course, is mercury. It has no close rival, although the iodide of potassium is always mentioned in connection with it as a remedy for syphilis, especially adapted to the treatment of the third stage of the disease. But I have never forgotten a statement which I heard the late Prof. Alfred L. Loomis make in a clinic in Bellevue Hospital, New York, to the effect that he had never seen the iodide of potassium do much good in syphilis unless the patient had previously had a thorough course of mercury.

If one were asked to name the single preparation of mercury which is most generally applicable in the treatment of syphilis, he would make no mistake in mentioning the proto-iodide of mercury. This selection might perhaps be regarded as a compromise between mercury and the iodide of potassium. It certainly is an exceedingly valuable one, as the proto-iodide is unquestionably useful in the early stages as a mercurial, and perhaps also in the later stage as an iodide.

Leaving, then, the first place in therapeutics to mercury in syphilis, I would place next the use of salicylate of sodium in rheumatism. This disease is of very great importance from its frequency, from its prevalence not being especially marked among the wicked, from its duration when inefficiently treated, from the pain which accompanies it, and from its serious cardiac complications and sequelæ. The salicylate of sodium, given in adequate doses, relieves the pain, diminishes the fever, shortens the duration of the disease, and to a considerable extent prevents cardiac complications. Such favorable action in such a serious disease entitles the salicylate of sodium to high rank among drugs.

Another important disease, far less

prevalent in this vicinity to-day than it was 20, 30, or 40 years ago, but which we all occasionally encounter even now, is that due to malarial infection, and characterized by the periodicity of its phenomena. Untreated for even a short time, this disease is capable of producing almost indescribable suffering. The miserable chills, the high fever, the drenching perspiration, the intense headache and the aching all over, the gastro-enteric disorders, the jaundice, the anemia, and the enlarged spleen are familiar symptoms, of some of which most of us have had personal experience. What the ultimate result of this infection might be who can tell? For what patient suffering from any of these symptoms for any considerable length of time fails to take quinine, even if his physician neglects to prescribe it? Nothing in the whole range of therapeutics is more wonderful than the prompt action of adequate doses of the sulphate of quinine in completely stopping the manifestations of malarial infection and preventing their recurrence. It is not because its action is less striking than that of mercury in syphilis and of salicylate of sodium in rheumatism, for it is more so, that I rank the use of quinine in malarial infection as third, but because I consider syphilis and rheumatism more important diseases than malarial infection.

Next I would rank the use of the diphtheria antitoxin serum in diphtheria. No one questions the gravity of this disease which formerly produced, and which even now produces, such an appalling mortality among children. The rapidity with which in many cases it produces a fatal result, the suffering which it causes, and the occasional terrible involvement of the larynx, made it a disease which has been feared by physicians and the laity alike. The comparatively recent

introduction of the antitoxin serum has placed in the hands of every physician a remedy which he can appreciate the better because the older ones of us have been unhappy witnesses of the inadequacy of other measures of treatment in very many cases of this disease. Those who were in practice even so recently as fifteen years ago can probably recall many cases, a considerable proportion of which, we now feel confident, could have been saved had we then had the antitoxin serum.

The four remedies already mentioned may be classed as specifics. The others of which I shall speak are not used for a specific action in certain forms of disease, but to produce an action upon some organ or some physiological system of the body in certain conditions of disease.

Sidney Ringer, who probably has done more to advance modern practical therapeutics than any other Englishman, introduced the section on aconite in the later editions, including the tenth, of his "Handbook of Therapeutics," with the assertion: "Perhaps no drug is more valuable than aconite." Not to presume to rank myself in the same class with the distinguished Ringer, I may be permitted to venture the opinion that, next to the use of the specific drugs in their special diseases, there is nothing of greater importance than the use of aconite in acute affections characterized by fever. These are so numerous, and the beneficial action of aconite in them is so nearly universal, that it seems to me that nothing else equals it in value. It is not alone in inflammatory affections that its usefulness may be observed, but also in many acute diseases which modern pathology teaches us are due to infection, such as measles, scarlet fever, tonsillitis and even pneumonia. While in some cases aconite may seem to cut the disease

short, to abort it, in many other cases, although its action is not so pronounced, yet we may easily be convinced that it diminishes the severity of certain symptoms, notably the fever, and also shortens the duration of the illness.

Turning now from acute diseases to chronic affections, but keeping in view the control of the circulation, the next place may reasonably be claimed for digitalis in uncompensated valvular and muscular disease of the heart. Many an individual is engaged in active life, who, on account of rheumatism, or from other cause, has a damaged heart. When this organ begins to show signs of being unequal to perform the work required of it, either through failure of the valves to perform their function in assisting the circulation, or through dilatation of the muscular wall, the effects of digitalis are generally very gratifying and would be surprising if we were not accustomed to witness them. By its use the lives of many men are prolonged, their comfort restored and their usefulness maintained often for years. A number of drugs have been introduced as substitutes for it, but no one of them equals it in promptness of action, reliability and general availability.

To another cardiac or circulatory remedy may be given the next place, namely, to alcohol in the advanced stages of acute febrile diseases, when the heart shows indications of being unable to continue to maintain the circulation. The most striking example of this is seen in acute pneumonia. It is my firm conviction that there is no similar condition in which the physician can do so much to prevent the death of his patient as by the judicious use of alcoholic stimulants in pneumonia, and I do not believe that, in this condition of impending heart-failure, anything else has done so

much to save life or has saved so many lives.

Still keeping in view the circulation, but looking now more especially to the peripheral circulation, there is naturally suggested the use of ergot in hemorrhage from the peripheral vessels, especially of the uterus and lungs. These hemorrhages are so frequent, so discouraging and so debilitating, that a drug which has the effect of diminishing or entirely stopping them, as ergot generally does, is entitled to be held in high esteem. Of course, one does not expect to cure every case of uterine hemorrhage with ergot and without surgical interference, but, on the other hand, it is probable that surgical treatment would be demanded less frequently if ergot were used more often for its prophylactic effect.

Leaving now the heart and blood vessels, one naturally turns to the respiratory organs, and here I believe that it is fair to mention the use of creosote and its compounds, and in particular the carbonate of creosote in affections of the respiratory organs, believed to be due to bacterial infection, and especially in pneumonia. Although creosote has been much used for many years in pulmonary tuberculosis, its value is still underestimated by many physicians, and many more do not appreciate its value in pneumonia and other acute diseases of the respiratory system. The frequency of these affections and the great mortality which they cause render a remedy which offers any hope of usefulness worthy of further most careful consideration.

It would be painful indeed to draw these brief suggestions to an end without having made some mention of the nervous system. I believe that I cannot do better than to give the tenth place to the bromides, and in particular to the bromide of sodium in the

treatment of that condition commonly spoken of as nervousness. This condition of nervous irritability combined with nervous weakness and often associated with insomnia is so common in women and so not infrequent in men, it causes so much distress to the victim and often so much annoyance to the victim's friends, and many times so greatly impairs the patient's capacity for usefulness and enjoyment, that a drug which has so uniquely beneficial an action upon the condition as the bromide of sodium is entitled to a high rank among the indispensable medicines.

The list need not be extended further at this time. The object of the paper has been to give personal expression to the writer's opinions concerning the importance of a few drugs which seem to be most useful in the treatment of a few conditions which are strikingly amenable to treatment.

If any one who has read this article will devote a few minutes to considering it in the light of his own experience, and then will decide which drugs he would retain upon the list, which ones he would leave off, and what ones he would substitute for them, his time will have been spent profitably.

No attempt has been made to discuss the dose in which these medicines should be administered, although of course that is of paramount importance. It is undoubtedly true that the value of certain drugs is not correctly appreciated by many practitioners, because they do not prescribe them in adequate doses. On the other hand, it is to be feared that patients are sometimes injured, it is to be most earnestly hoped that they are never killed, by excessive doses.

To recapitulate, the drugs and their uses which have been mentioned as of greatest value, both to us as practitioners and to our patients' are:

1. Mercury in syphilis.
 2. The salicylates in rheumatism.
 3. Quinine in malarial affections.
 4. Antitoxin serum in diphtheria.
 5. Aconite in the fever of acute diseases.
 6. Digitalis in chronic heart disease.
 7. Alcohol in cardiac weakness of acute disease.
 8. Ergot in uterine and pulmonary hemorrhage.
 9. Creosote in diseases of the respiratory organs.
 10. The bromides in nervousness.
- Boston Medical and Surgical Journal.*

THE OPERATION OF GRAFTING THE RABBIT'S CORNEA ON THE HUMAN EYE.

BY FRANCIS VALK, M. D.,
NEW YORK CITY.

Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital.

WE may reasonably ask the question is the transplantation of the cornea or keratoplasty justifiable and sufficiently successful to warrant its performance? A limited experience in this work on the writer's part seems to answer that question in the affirmative; though we must put a proviso on the answer; that is to say, it is warranted in a suitable case in which the operation is indicated, and in which one may hope for some reasonable success.

To one who has completely lost this most valuable function, that of seeing, the slightest restoration of that function, by any means, seems to me a part of a surgeon's work and duty. Though the prognosis may be exceedingly doubtful, yet to those who are blind there is everything to gain and surely nothing to lose.

Now one's personal experience in any procedure is useful, interesting,

and may be beneficial to others who wish to work along the same lines, and as I have now performed this operation three times, perhaps I may speak with some authority on the subject.

Our first consideration must be that we have before us a suitable case for operation, and that is summed up in a few words: a total leucoma without complications in the posterior surfaces of the cornea or in the iris, but this condition is very rare. Most of the cases that present themselves for help are those unfortunates who in early life have suffered from ophthalmia neonatorum or a gonorrheal infection later in life. In this class of cases the inflammatory condition has always extended throughout the entire layers of the cornea. In other words, we have a deep infiltration of the true corneal tissues with involvement of Descemet's membrane, the posterior epithelium, and in most cases, the iris—resulting in a complete occlusion of the pupillary space with inflammatory products and pigment; the iris tissue closely adherent to the posterior surface of the cornea and completely preventing the entrance of the rays of light. But we cannot see this condition on the examination of the patient and it will be revealed only as the various steps in the operation proceed. In other words, we cannot tell what is the condition of the deeper parts until we have trephined the cornea and removed the true corneal tissue.

We may say, then, that these are unfavorable cases, yet, in my opinion, in the hope that we may find Descemet's membrane intact, we are justified in the attempt.

Now, we may ask what is a truly favorable case?

Such cases may be found in those who have had an extensive but superficial inflammation of the cornea resulting in a dense, but not a deep

leucoma of the cornea in which one may trust to find that the inner limiting area of the cornea is clear and intact, so that during the operation the anterior chamber may not be evacuated, and the graft laid directly on the membrane of Descemet. Again, we may see cases of exterior pannus from old granular inflammations of the lids, the anterior portion of the cornea completely opaque, more or less covered with fine bloodvessels, and yet the anterior chamber may be normal, with fairly good perception of light. In all of these cases with these extensive opacities of the cornea, extending almost to the limbus, I have never found the operation of iridectomy to be of any practical service. It is impossible to make the coloboma of the iris sufficiently extensive towards the periphery of the cornea to allow the rays of light to pass into the eyeball so as to reach the retina. And if these rays should pass beyond the cornea they would be so distorted and misdirected owing to the refraction of the extreme outer edge as to be simply and practically useless for vision; while even a very small bundle of rays that can be made to pass the center of the cornea will be useful and tend to increase the visual power.

Again, we may ask the question, will the graft live? I feel almost assured of an affirmative to this question, as in my cases, now numbering three, the graft has always lived and has seemed to become a permanent part of the cornea, showing finally as a small watch glass set in a frame.

Yet if they do keep their vitality, will they also remain transparent? Here we meet the great difficulty in the prognosis of this operation. My first case which I operated upon without any experience and simply from the published description of the operation, and where the rabbit died from

the use of chloroform during the operation, the graft lived but became so opaque that I failed to get any improvement in the visual power. In my second case, with more experience, the graft not only lived but became only partially opaque, so that we had a decided improvement in the visual power; and the last time I saw the patient she was able to move about in her apartment and do some simple housework. In my third case the graft, when examined upon the seventh day, was found to be in good condition, fairly transparent, with the corneal tissues covered with small bloodvessels. At no time did the patient have any discomfort or pain in the eye. But, as in this case, I had to trephine the entire thickness of the corneal tissue, and then found a dense mass of pigment and inflammatory products filling the pupillary space that has made the prognosis very doubtful.

Operation.—It is some years since the operation of transferring the cornea of the rabbit, or other animal, was published and I am unable to give the name of the author in question—possibly Reisinger; but the operation did not seem to be in any way successful until von Hippel presented a case at the Heidelberg Ophthalmological Society, in 1887; since that time I have failed to find any reports of this operation except in the *Philadelphia Medical and Surgical Reporter*, June 8, 1889, in which I find an article reporting my first two cases. This article was not reported or written by myself. The final result of those two operations was sufficiently encouraging to justify the procedure; but until my last one, I have not had a case under my care that would warrant my doing the operation. The third attempt of my own was made on the sixteenth of October, 1907, at the New York Post-Graduate Hospital, on Miss V. S.,

aged 25. This young woman had been blind since two years of age, when she lost the sight through some extensive suppurative inflammation leaving her with a small soft eyeball on the right side; and on the left, I found the eye of normal size and tension, but with a dense leucoma covering almost the entire cornea, showing a rim of iris about one-half mm. wide at the limbus, and with vision equal to perception of light and a good field. The eye was washed with normal salt solution, the trephine of von Hippel was adjusted to penetrate the cornea one mm. and to remove a disc nearly one cm. in diameter; placing this over the cornea slightly below the center, the cutting edge was rapidly revolved by the small clockwork in the handle, cutting down to the small flange. This portion of the cornea was then carefully dissected and removed. Here we found the inner layers of the membrane of Descemet so dense and opaque that I readjusted the trephine and removed the entire tissue of the cornea. In passing, I may state that this should not be done unless indicated, as in this case. As this small disc of corneal tissue was removed, I found the tissue underneath, evidently the iris, pigment and plastic material, closely adherent to the cornea. The rabbit was now cocainized and a similar disc removed from the center of the cornea and rapidly carried to the patient's eye, nicely adjusted and the eye carefully closed, and over it was placed a pad wet with normal salt solution, and a bandage. The patient was carefully removed to her bed and kept perfectly quiet with full nourishing diet for seven days, when the eye was opened; after inspection it was again bandaged and kept so for ten days and again inspected.

It is to be noted that the last case reported is exceptional in the fact that

I removed the entire disc of the patient's cornea and placed the disc of the rabbit's cornea directly on the iris.

We may then ask our final question, is the operation indicated and justifiable? From my past experience in these three cases, I think we are fully justified in this operation, difficult and laborious as it may be, requiring special skill and ingenuity, yet one that seems to promise "even a temporary success"; and it goes without saying that these unfortunates who have lost all useful vision, except shadow, will gladly welcome any procedure that may promise some rays of hope to the blind. This operation may be tried in all cases of leucoma totalis and those of a dense pannus following old trachomatous conditions after the cicatricial stage has passed. The last cases seem to me to present the most favorable condition, as we may expect to find a clear Descemet's membrane and normal anterior chamber. Personally I shall attempt this operation in all suitable cases that present at my clinic and it is reasonable to expect that experience in this work, as in all other scientific research will yet demonstrate its usefulness and practicability.

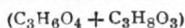
This case is reported in the hope that we may stimulate others in our hospital and laboratory work to eventually succeed. I will close with the words of Knapp, in which I fully concur: "If even a temporary success, useful vision for some years could be expected, the operation would go out of the laboratory into the practice of ophthalmology."

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MEATOX has practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

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When you cannot procure Meatox from your druggist, send money order to THE MEATOX CO., and shipment will be made by express, charges prepaid. SOLD BY LEADING DRUGGISTS. PRICE PER POUND \$2.00, HALF POUND \$1.25.

CHEMICAL LABORATORY

H. ENDEMANN, PH. D.

23 William St., New York, October 16, 1907.

ANALYSIS OF MEATOX

Contains in 100 parts by weight:

Nitrogenous matter soluble in water calculated as Albumen.....	12.02
Fibrin, digestible.....	70.34
" indigestible.....	.90
Extractive matter free from Nitrogen	2.18
Fat.....	7.00
Meat Phosphates.....	.26
Chlorid of Sodium.....	.04
Water, hygroscopic.....	6.34

From the large quantity of soluble Albumens and digestible Fibrin it is evident that this preparation in connection with the fat therein furnishes an excellent nutritive, easy of digestion.

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**Cholelithiasis, Cholangitis,
Cholecystitis, Duodenitis, etc.**

FORMULA: Acid Sodium Oleate, $1\frac{1}{2}$ grains; Sodium Salicylate (from salicylic acid, natural), $1\frac{1}{2}$ grains; Phenolphthalein, $\frac{1}{2}$ grain; Menthol, 1 to 10 grain.

PILL CHOLELITH is a cholagogue and biliary antiseptic of exceptional value. It is successfully employed in the treatment of infectious catarrhal inflammations of the bile- and gall-ducts. It is indicated in bile-stasis unattended with calculi, as well as in actual stone-formation.

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over 5,000 characters are to be produced.

Saturday, October 10.—Parade and Field Day Exercises of the Knights Templar of Pennsylvania, terminating with a great display of fireworks.

Philadelphia, April, 1908.

—:o:—

Abstracts.

HEMORRHAGE AT THE BEGINNING OF PUBERTY.—J. Fischer (*Monat. f. Geburts u. Gyn.*) describes two cases of severe hemorrhage in girls twelve and thirteen years of age, coming on near the beginning of menstruation. Only a curetting of the uterus had any effect in stopping the flow. In one of them there was undoubtedly a hemophilic condition, while the other patient had purpura hemorrhagica. Hemophilia is much more frequent in men than in women, but there are undoubted cases in which menstruation has caused severe hemorrhage in such subjects. The periods begin generally at a very early age. The menses are very plentiful, irregular and of long duration, and generally continue during pregnancy. Severe hemorrhages are frequent. Bleeding from other organs, such as the nose, mouth and throat, and from skin and hemorrhoids, is common. Hemorrhages occur at puberty and the climacteric. The author found large coagula in the uterus, showing that the blood does not lose its coagulating power. Out of 5,000 obstetrical and gynecological cases the author has seen twelve of pronounced hemorrhages in girls from twelve to seventeen years of age. The amount and duration of the menses was great, hemorrhage lasting from twelve days to eight weeks. Locally, nothing that was abnormal was to be found by rectal examination. Hydrastis and ergotin were the best

internal remedies and were successful in sixteen of the cases. Tumors of the uterus may cause hemorrhage. So may acute infections, heart lesions, kidney troubles, malaria and chronic poisoning by lead and arsenic. There is a hemorrhagic form of chlorosis. Local deviations of the uterus, stenosis, masturbation, constipation, abuse of hot baths, standing, sewing on the machine, riding and dancing may all cause hemorrhages in young girls.—*Ex.*

RELATION OF ACCIDENTS TO FUNCTIONAL NERVOUS DISEASES AND PSYCHOSES: MEDICOLEGAL CONSIDERATIONS.—Alfred Gordon of Philadelphia says that in order to do justice to patient and company responsible for an injury, each case requires a careful consideration, including family and personal history previous to the injury. The chief diseases of a nervous nature that may occur after an accident are hysteria, neurasthenia, chorea, paralysis agitans and amnesia. We must determine whether the disorder is simulated; whether it is the result of the injury; in how far it incapacitates for work; and what the prognosis and duration are likely to be. Hysteria cannot be easily simulated in the anesthetics, contraction of the visual field, and plus reflex. Neurasthenia is more difficult to decide about, especially when slight. The best position to take is that if the subjective symptoms complained of are real, the patient is neurasthenic, but that the physician has no means of verifying them. Chorea and paralysis agitans cannot be simulated. Amnesia is very difficult to substantiate, and unless complete it allows of doing good work in earning a livelihood. Individual predisposition, syphilis, alcoholism and lowered vitality may all contribute to the occur-

rence of these nervous conditions. Hysterical patients and neurasthenic patients are unable to do continuous and sustained work. Paralysis agitans and chorea entirely incapacitate for physical but not for mental labor. All these neuroses are curable and the prognosis is in general good. When immediate symptoms of brain injury occur prognosis is bad. A child may be interfered with in his mental development by injury, and the prognosis be very bad. The author does not believe that injury causes paresis.—*Medical Record*.

BACTERIOLOGY OF SUMMER DIARRHEA OF INFANTS.—During the summer of 1906 Morgan examined 54 cases of summer diarrhea, in the same manner as during the previous year, except that on this occasion the spleen and mesenteric glands were examined as well as the stools and small and large intestines. Morgan succeeded in isolating a bacillus, which he thinks is entitled to be regarded as a factor, perhaps the most important, in the causation of the disease. It differs from other described organisms, although it appears to be closely allied to the bacillus of hog cholera of McFadyean. Morgan designates his organism *Bacillus* No. 1.—*British Medical Journal*.

CLINICAL IMPORTANCE OF PHIMOSIS. Witzzenhausen reports four cases to sustain his assertion that phimosis is an important cause of internal affections in boys. Greater attention should be paid to it, as it is liable to induce severe intestinal troubles, especially obstinate constipation and its consequences. The injurious effects of the intestinal trouble may leave an indelible impress on the organism and

interfere with normal development even long after the phimosis has been corrected. In one case the child had been under medical care for a long time, but the physician had overlooked or disregarded the phimosis; all disturbances vanished at once after its correction. — *Münchener medizinische Wochenschrift*.

DYSMENORRHEA IN ABNORMAL PELVIC CONDITIONS.—G. R. Holden (*Surg., Gyn., and Obstet.*) has analyzed 1,000 consecutive cases in the gynecological wards of the Johns Hopkins Hospital, omitting those in which menstruation had ceased or had not begun, also all rectal, renal and ureteral cases. He finds that dysmenorrhea is present in 47 per cent. of all gynecological hospital patients. In about 23 per cent. of the entire number, it seems to be definitely caused by certain abnormal conditions of the pelvic organs. In 22 per cent. of the entire number it is present in conjunction with such conditions, but is apparently not caused by them. The pathological conditions which are most frequently seen as the causes of dysmenorrhea are: 1. Retrodisplacements of the uterus; 2. Pelvic inflammatory disease; 3. Myomata. These three conditions account for nearly 90 per cent. of all the dysmenorrhea which is caused by pathological conditions of the pelvic organs. Retrodisplacement accounts for 41 per cent., pelvic inflammatory disease for 37 per cent., and myomata for eleven per cent. Of nulliparous patients with retrodisplacements causing symptoms, 86 per cent. have dysmenorrhea. The frequency of association leads us to conclude that the abnormal position causes the dysmenorrhea. In the retrodisplacements occurring after child-birth it is much less common; 25 per cent. of multiparæ with

retrodisplacements have dysmenorrhea, which is apparently caused by the malposition. Of all the cases of pelvic inflammatory disease, 31 per cent. have dysmenorrhea which is apparently caused by the condition. Of all the cases of myoma, twenty per cent. have dysmenorrhea apparently caused by the tumor.—*Ex.*

PNEUMONIA DURING MALARIAL CACHEXIA. — Theophanidis relates a number of instances from his experience to illustrate the necessity for quinin treatment during pneumonia occurring in a person debilitated by malarial infection. The pneumonia should be treated as usual, but quinin should be given regularly, as, without it, the malaria reinforces the pneumonic invasion. When the malarial debility is extreme there is little hope for the patient in intercurrent pneumonia, but with moderate malarial debility, appropriately treated with quinin, he was able to save two-thirds of his patients.—*Grèce Médicel.*

INFORMATION ON MEATOX (GRANULATED BEEF FIBRE).—Our nourishing products, that is, the natural elements which are used as food, are of two different kinds. We require heat or energy-producing matter, such as starch, sugar and fat, and also matter which will build up our tissues and sustain our strength. For this latter purpose albumen and muscular fibres of meat are necessary, and these are transformed by the stomach and intestines into soluble substances which are assimilated and absorbed by the blood.

When the digestive tract is weakened, this process often goes on very slowly, particularly so on account of the common vice of swallowing food

without proper mastication. For many years efforts have been made to counteract the effects of this fault, by offering to the public nourishing food in pulverized form. Starchy products when pulverized become flour, farina, etc., and fats become emulsions. For 40 years this idea expressed itself in different methods applied to meat. My own investigations date back about that far, and I am satisfied that the digestibility of meat is considerably enhanced by its pulverization. The older preparations, however, did not possess the very necessary qualities of retaining their strength and freshness.

Mr. Charles Marchand, of New York, has now found that the strength of such preparations is materially heightened when the extractive substances of the meat are first removed. These extractive substances are stimulant but they contain no nourishment, and the digestibility of the meat is not affected by their removal. This must be considered as an absolute advancement. The product obtained is known by the name of meatox.

Meatox has from time to time been analyzed by different chemists and it is absolutely free from preservatives. These analyses and physiologic experiments all show too that it contains a high percentage of digestible meat protein, that is, in round numbers, about 80 per cent. Of fat it contains about six per cent. to seven per cent., and of celery salt, used as flavoring, less than one per cent., indigestible substances less than one per cent., with water and substances forming the balance.

That such a preparation has a very high value as food in cases of sickness and convalescence and in chronic malnutrition is obvious of course. But it also fills a long felt want in that field where it becomes necessary to transport food products in a form of highest

possible concentration and lightest weight, for instance, in the provisioning of armies and navies, and of expeditions and travelling parties into wild countries. One pound of meatox is equivalent in nourishing value to five pounds of lean, boneless beef, or the same quantity of "canned beef," which latter, when "preserved," often acts as a poison.

Meatox cannot make a bouillon, because the extractive substances are missing, but if the aroma is desired, it is easily obtained by adding a small quantity of meat extract, which will act as a stimulant, but it does not add any amount of nutritious substance whatever. I know of no meat preparation which possesses such a high percentage of digestible nutriment as does meatox. — By H. Endemann, M. D., New York, Abstract from *Der Hausdokter*, April, 1908.

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Notes and Comments.

IODINE AND TYPHOID FEVER.—David Walsh states that he gives iodine and carbolic acid in all cases of typhoid fever that come under his care, with uniformly good results, a rapid general improvement, and with an absence of complications. His directions are to put one minim of pure carbolic acid and two minims of tincture of iodine into a tumbler of water, and let the patient drink as much of this both day and night as he wishes. It would be interesting to have the efficacy of this treatment investigated in a prolonged series of cases at some large metropolitan hospital or by a collective committee.—*The British Medical Journal*.

AMERICAN MEDICAL EDITORS' ASSOCIATION.—The annual meeting of this Society will be held at the Auditorium Hotel, Chicago, on May 30th and June

1st. An extensive and interesting programme has been prepared and every member of the Association is urged to be present and editors of medical magazines, not now affiliated with this Society, are also invited to meet with them.

Do not forget the date, Saturday, May 30th, and Monday, June 1st.

The *Charlotte Medical Journal* and the *Carolina Medical Journal* have been consolidated. A stock company has been created which will conduct one journal in the future. The journal of the new corporation will be known as the *Charlotte Medical Journal*, and will retain the same architectural features, business and editorial management as the present *Charlotte Medical Journal*.

The *Journal*, with its new influences, will be enlarged and, in many respects, greatly improved. It will remain a typical Southern journal, and will be devoted to the best interests of each member of the medical profession of the South.

The April issue of the *Medical Bulletin* contains an original reference to Chinosol, which we have quoted as being of marked interest. An antiseptic which is superior to carbolic acid and a close rival of bichloride and yet free from danger of poisonous effect, is surely a valuable therapeutic agent. We welcome the advent of Chinosol as a distinct step in the line of progress.

The thirty-fourth annual meeting of the Mississippi Valley Medical Association will be held in Louisville, Ky., October 13, 14, 15, 1908, under the presidency of Dr. Arthur R. Elliott, of Chicago.

Announcement has just been made of the selection of the orators for the coming meeting, by the President. The Address in Medicine will be de-

livered by Dr. George Dock, Professor of Medicine in the University of Michigan, Ann Arbor; and the Address in Surgery by Dr. Arthur Dean Bevan, Professor of Surgery in Rush Medical College, Chicago. The mere mention of these names is enough of a warrant that this feature of the programme will be in every way first class.

The local committee of arrangements in Louisville has selected the Seelbach Hotel as headquarters, the general sessions and the section meetings being held in the hotel's large auditoriums.

One of the features of the entertainment projected is a smoker in the famous Rathskeller of the hotel—the finest of its kind.

The McDowell button, so much admired at the 1897 meeting in Louisville, will be reproduced in bronze for this meeting.

MEETING OF THE ASSOCIATION OF AMERICAN TEACHERS OF THE DISEASES OF CHILDREN.—The Association of American Teachers of the Diseases of Children will hold its annual meeting in Chicago, at the Great Northern Hotel, corner of Jackson Boulevard and Dearborn, on June 1st.

Requirements for membership in this Association are somewhat unique. To be eligible one must be a regular physician, resident in the United States, Canada or Mexico, who is in good professional standing and membership in his county or local medical society and actively engaged as Professor or Associate Professor, or Clinical Professor of Pediatrics, or as adjunct to such a chair, or who holds the position of Lecturer on this branch or an equivalent position in a recognized medical college, or who is a member of a properly organized hospital or dispensary staff actively engaged in the treatment of children. All such are invited to

join the Association; and all physicians and surgeons interested in children are invited to attend the meeting. Its objects are the study, the teaching and the practice of pediatrics.

The officers of the Association are as follows:

President, Samuel W. Kelley, M. D., Professor of Diseases of Children in Cleveland College of Physicians and Surgeons, Medical Department of the Ohio Wesleyan University.

Vice-President, Chas. Douglas, M. D., Professor of Diseases of Children in Detroit College of Medicine.

Secretary, John C. Cook, M. D., Professor of Diseases of Children in Post-Graduate Medical School and Hospital of Chicago (deceased).

Secretary Pro Tem., Robert A. Black, M. D., Chicago.

Treasurer, George G. Cattermole, M. D., Professor of Diseases of Children in Colorado School of Medicine.

Senators W. C. Hollopeter, M. D., Professor of Diseases of Children in Medico-Chirurgical College of Philadelphia; H. M. McClanahan, M. D., Professor of Diseases of Children, Medical Department of the University of Nebraska, Omaha; F. R. Gilbert, M. D., Professor of Diseases of Children, Kentucky Medical College, Louisville, Ky.

The programme for the Chicago meeting is not completed, but in part it is here presented:

Address of Welcome: Arthur D. Bevan, M. D., Prof. of Surgery, Med. Dept. Univ. of Chicago, Chairman Council on Education A. M. A.

Address of the President, Samuel W. Kelley, M. D., Prof. Diseases of Children, Cleveland College of Physicians and Surgeons, Med. Dept. Ohio Wesleyan University, Cleveland, Ohio.

"The Teaching of Pediatrics as Seen by an Inspector of Medical Colleges," Frederick C. Zapffe, M. D., Secy.

American Medical College Ass'n, Chicago, Ill.

"The Fallacy of Attempting to Teach Pediatrics in the Chair of Practice," John A. Witherspoon, M. D., Prof. Practice of Medicine, Vanderbilt University, Nashville, Tenn.

"The Teaching of Pediatrics in the European Schools," H. E. McClanahan, M. D., Prof. of Pediatrics, Univ. of Medicine, Omaha, Neb.

"The Teaching of Pediatrics in The Medico-Chirurgical College of Philadelphia," W. C. Hollopeter, M. D., Prof. Pediatrics Medico-Chirurgical College, Philadelphia, Pa.

"The Doctrine of Difficult Dentition," Theodore J. Elterich, M. D., Diseases of Children, Western Univ. of Penna., Med. Dept., Pittsburgh, Pa.

"Anatomical Peculiarities of Infants and Children," Richard B. Gilbert, M. D., Prof. Diseases of Children, Louisville Univ., Louisville, Ky.

"Uncinariasis in the Southern States," J. Ross Snyder, M. D., Birmingham, Ala.

Paper, Wm. W. Butterworth, M. D., Associate Prof. Diseases of Children, Tulane Univ., New Orleans.

"Some Points on Infants' Clothing," Alfred C. Cotton, M. D., Prof. Diseases of Children, Rush Med. College, Chicago.

Paper, Robert A. Black, M. D., Chicago, Ill.

Paper, Wm. J. Butler, M. D., Chicago, Ill.

Paper, J. W. Van Derslice, M. D., Chicago, Ill.

"STRAIN AT A GNAT: SWALLOW A CAMEL!"—A physician in St. Louis recently read a paper before the City Hospital Medical Society which, according to contract, should have been published in the official journal of the society, *The Medical Fortnightly*. This

physician, however, objected to having his "paper appear in a publication that carried the advertising of certain proprietary preparations, which do not appear in the list of new and non-official remedies, tentatively approved by the Council on Pharmacy and Chemistry of the American Medical Association." This doctor also dictated a letter of explanation to the President of the City Hospital Society, and to the editor of the *Journal of the American Association*, in which his reasons are set forth in detail, and including the following reference to the editor of the before-mentioned official journal:

"This observation is pertinent for the reason that the publisher of the journal in question is a physician in presumed good standing in his local society, and by that fact pledged professionally to not only advance the just efforts and aims of the body mentioned, but to refrain from acts calculated to discredit such work, or to encourage among physicians any departure from the tests and standards declared by the Council and approved by the Association."

Thus, after defining his position in the matter he was confident that the publication of his paper in an "independent" medical journal, containing the "advertisements of not less than 25 preparations not approved by the Council," would be palpably lending countenance and approval to such methods, in "open derogation of ordained professional standards and principles, and in open opposition to the war being waged by the County, State and National societies!"

So what does the good doctor do? Why, he turns his paper over to the *Journal of the Missouri State Medical Association*, and it was published in the April issue, together with the letter of explanation. In this journal we find 30

advertisements of proprietary preparations, *four* of which *have* been approved by the Council, and *26 have not!*

Wonder if the good doctor took the trouble to examine the pages of this "Official-State-Holier-than-Thou Journal" before submitting his paper?

Consistency is verily a *rare* gem in the crown of professional hypocrisy! *C. W. F., in The Medical Herald.*

CHINOSOL.—Chinosol is a crystalline, sulphur yellow, non-hygroscopic powder which is very readily soluble in water, resulting in a clear, permanent solution.

It may be used as a dusting powder, but in some cases where the patient is peculiarly sensitive, it produces a temporary burning sensation, yet chinosol produces no inflammation whatever. In such instances it is advisable to mix the chinosol with five to ten parts of boric acid.

A comparative test of chinosol, bi-chloride, and phenol, recently made by Dr. Horace W. Patterson, a bacteriologist of New York, connected with the Health Department of that City, fully substantiated the claims of chinosol. While these chinosol solutions are free from all possibility of poisoning, the bi-chloride in the strengths mentioned could not be used upon the human system. The superiority of chinosol over carbolic acid is most manifest.

The staphylococcus pyogenes aureus was destroyed by the Sternberg method:

Chinosol,			
1-350 solution in 30 min.			
1-250	"	"	10 "
Bi-chloride,			
1-500	"	"	30 "
1-450	"	"	10 "
Phenol,			
1-150	"	"	30 "
1-100	"	"	10 "

Silk Thread Method:

Chinosol,			
1-500 solution in 15 min.			
1-400	"	"	5 "
Bi-chloride,			
1-750	"	"	15 "
1-500	"	"	5 "
Phenol,			
1-200	"	"	15 "
1-125	"	"	5 "

The bacillus typhosus was destroyed by the Sternberg method:

Chinosol,			
1-350 solution in 30 min.			
1-250	"	"	10 "
Bi-chloride,			
1-500	"	"	30 "
1-450	"	"	10 "
Phenol,			
1-200	"	"	30 "
1-100	"	"	10 "

Silk Thread Method:

Chinosol,			
1-500 solution in 15 min.			
1-400	"	"	5 "
Bi-chloride,			
1-1000	"	"	15 "
1-750	"	"	5 "
Phenol,			
1-250	"	"	15 "
1-200	"	"	5 "

The bacillus prodigeus was destroyed by the Sternberg method:

Chinosol,			
1-350 solution in 30 min.			
1-200	"	"	10 "
Bi-chloride,			
1-500	"	"	30 "
1-450	"	"	10 "
Phenol,			
1-150	"	"	30 "
1-100	"	"	10 "

Silk Thread Method:

Chinosol,			
1-500 solution in 15 min.			
1-400	"	"	5 "
Bi-chloride,			
1-750	"	"	15 "
1-500	"	"	5 "

Phenol,

1-200 " " 15 "

1-125 " " 5 "

The bacillus anthracis was destroyed
by the Sternberg method:

Chinosol,

1-1000 solution in 30 min.

1-600 " " 10 "

Bi-chloride,

1-700 " " 30 "

1-500 " " 10 "

Phenol,

1-200 " " 30 "

1-150 " " 10 "

Silk Thread Method:

Chinosol,

1-2000 solution in 15 min.

1-1000 " " 5 "

Bi-chloride,

1-2000 " " 15 "

1-1000 " " 5 "

Phenol,

1-300 " " 15 "

1-200 " " 5 "

The anthrax spores were destroyed
by the Sternberg method:

Chinosol,

1-300 solution in 30 min.

1-200 " " 10 "

Bi-chloride,

Not killed—two hours.

Phenol,

1-75 solution in 30 min. *

1-50 " " 10 "

The bacillus violaceus was de-
stroyed by the Sternberg method:

Chinosol,

1-1500 solution in 30 min.

1-1000 " " 10 "

Bi-chloride,

1-1000 " " 30 "

1-750 " " 10 "

Phenol,

1-300 " " 30 "

1-200 " " 10 "

Silk Thread Method:

Chinosol,

1-4000 solution in 15 min.

1-2000 " " 5 "

Bichloride,

1-3000 " " 15 "

1-2000 " " 5 "

Phenol,

1-300 " " 15 "

1-250 " " 5 "

The mixed pus bacteria were de-
stroyed by the Sternberg method:

Chinosol,

1-350 solution in 30 min.

1-250 " " 10 "

Bi-chloride,

1-300 " " 30 "

1-200 " " 10 "

Phenol,

1-150 " " 30 "

1-100 " " 10 "

Silk Thread Method:

Chinosol,

1-500 solution in 15 min.

1-400 " " 5 "

Bi-chloride,

1-750 " " 15 "

1-500 " " 5 "

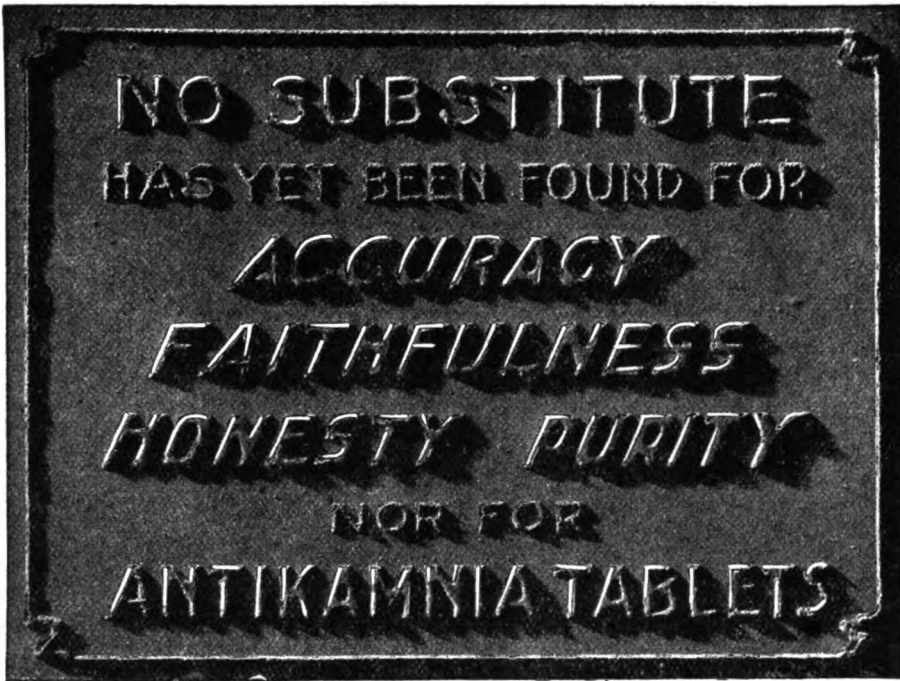
Phenol,

1-200 " " 15 "

1-125 " " 5 "

Dr. Robert T. Morris, of New York, (known familiarly as "Appendicitis Morris" and the author of the inch and a half incision) has also employed chinosol, and states that it possesses many advantages over bi-chloride of mercury in its non-toxic features and in avoidance of coagulation of albumin. The latter feature makes it a much more desirable germicide than bi-chloride. He expresses himself pleased with its prompt and definite action. The highest German authorities (The Imperial Board of Health of Germany and the Royal Prussian Deputation for Therapeutics have officially pronounced chinosol free from the dangers of poisoning "even in the hands of the laity."

We do not know of any other anti-septic and germicide regarding which this statement can be made.—*Ex.*



"Antikamnia & Codeine Tablets" in Grippal Conditions

To satisfy a universal demand and to comply with numerous requests from physicians from all over the country, we are now putting up

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NON-POISONOUS, ANTISEPTIC, GERMICIDE, DISINFECTANT, DEODORANT

**A SOVEREIGN REMEDY IN
LEUCORRHEA, VULVO-VAGINITIS
Of Specific and Non-Specific Origin,
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6 Boxes, \$5.00

PARMELE PHARMACAL CO., 54 & 55 SOUTH ST., N. Y.

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are carefully avoided by skillful therapeutists. Simplicity is the watchword of the successful prescriber.

There's a physiological completeness and simplicity about the formula of Hydroleine that appeals to every thoughtful physician. It contains none of the usual admixtures; no calcium, no malt, no phosphates—no specific medication whatsoever. It's just the very best Lofoten cod-liver oil, rendered thoroughly digestible by careful pancreatization.

Write for sample and literature. Sold by all druggists.

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Dear Doctor:

FOR RHEUMATISM

And Allied Complaints, Prescribe

Griffith's Compound Mixture of Guaiac,
Stillingia, etc.

The "old reliable" internal preparation for

Acute and Chronic Rheumatism, Gout, Lumbago,
Neuralgia, Sciatica, Etc.

It contains Guaiac, Stillingia, Prickly Ash, Turkey Corn, Colchicum, Black Cohosh, Sarsaparilla, Salicylates of the Alkalies, Iodide Potassa, and other well-known remedies, acting as a powerful alternative, so combined as to be acceptable to all patients. It has been before the profession over twenty years, and has proved perfectly satisfactory in 98 per cent. of the cases indicated.

Guaranteed by the manufacturers under the Food and Drugs Act, June 30, 1906.

IT DOES NOT CONTAIN OPIUM IN ANY FORM, HEROIN, COCAINE, ALPHA OR BETA EUCAINE, CHLOROFORM, CANNABIS INDICA, CHLORAL HYDRATE, ACETANILIDE, or MERCURY. But they can be given separately if indicated.

FOR PROOF, we will, upon request, send you by Express a regular eight oz. (\$1.25 size) bottle as a sample for trial, providing you will enclose 40c for the prepayment of express charges.

Griffith Rheumatic Cure Co.

67 Third Avenue, cor. 11th St., New York.

P. S.—This mixture is carried in stock by the principal Wholesale Druggists in the U. S.

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This Famous Hotel is most centrally located, convenient to all the life and business of the Metropolis. Now under the management of L. Frenkel, favorably known to the traveling public, through the Hotel Albert.

THE GILSEY HOUSE has been refitted and refurnished. Rooms range from \$1.00 per day up. Club Breakfast and Meals at fixed prices.

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130 Rooms
Elegantly
Furnished

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Cuisine

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Therapeutic Cullings.

DYSMENORRHEA.—

R Sodii salicylatis, \bar{z} j.
Potassii iodidi, 3 iv.
Syr. sarsaparillæ compositi, fl.
 \bar{z} ij.
Aq. menth. viridis, q. s. ad fl.
 \bar{z} viij.

M. Sig. Teaspoonful in table-
spoonful of essence of pepsin after
meals.

Indication.—Used in rheumatic sub-
jects.—*Ex.*

SURGICAL SUGGESTIONS.—A small
incision and the proper employment
of Bier's breast cup will secure exceed-
ingly gratifying results in the manage-
ment of breast abscesses.

The occurrence after laparotomy of
marked distention of the upper abdom-
inal zone, vomiting and collapse,
points to acute dilatation of the stom-
ach.

A perforated intestinal ulcer, espe-
cially if low down, may give all the
signs and symptoms of acute appendi-
citis. A very high leucocyte count
with a high percentage of polynuclears
and the presence of a large amount of
fluid in the peritoneal cavity, accom-
panied by general rigidity may suggest
the diagnosis.

Ten grains of trional (or veronal)
the night preceding an operation, and
a quarter of a grain of morphine one

hour before operation, will make an
anesthesia easier and more complete
and it will not be followed by the
usual after-effects of a complete nar-
cosis.

An inguinal hernia giving signs of
obstruction and partially reducible,
may empty into a properitoneal sac in
Hesselbach's triangle, a loop of gut
being compressed against the neck of
the sac.—*American Journal of Surgery.*

PULVIS ANTISEPTICUS.—

R Salicylic acid, grm. 5.
Carbolic acid (phenol U. S. P.),
Eucalyptol (U. S. P.),
Menthol (U. S. P.),
Thymol (U. S. P.), aa grm. 1.
Zinc sulphate, grm. 125.
Boric acid, in impalpable pow-
der, grm. 866.

A white or pinkish impalpable pow-
der, possessing the agreeable, blended
odor of its constituents; dissolves in
cold and hot water.—*Albright's Office
Practitioner.*

SOLUBLE IODINE.—The following
solution is readily miscible with water
in any proportion and is stable:

R Iodini, 6.00.
Glycerinæ, 25.00.
Aq., 75.00.

Mix this with water in a bottle at
the proportion of a drachm to the
ounce and a teaspoonful will represent
a half a grain of iodine.—*McKee,
Lancet-Clinic.*

WHOOPIING-COUGH.—

℞ Antipyrini, gr. xxiv.

Syr. aurantii florum, fl. ʒ ss.

Aq., q. s. ad fl. ʒ iij.

M. Sig. Teaspoonful in water every four hours.

Indications.—Used in paroxysmal stage to lessen severity and frequency of cough. For child two to four years old. Much larger doses have been used with asserted success.—*Ex.*

SALTS OF POTASSIUM, OR OF SODIUM?

Distefano discusses the interesting question as to the relative merits of sodium and potassium salts in therapeutics. Formerly, it was believed that the action of potassium and of sodium was identical, the only difference, it was supposed, consisting in their degree of toxicity. Claude Bernard alleged that potassium was three times more poisonous than sodium. Various researches, published since then, seemed to show that potassium salts produced paralysis of the heart, while sodium salts, even in large doses, had no effect upon the cardiac action. From this arose the idea that potassium endangers the heart, and that sodium salts should be used in preference. Curci, in a series of studies beginning in 1883, showed how erroneous was this principle of therapeutics, and that potassium in moderate doses was actually a heart stimulant, while sodium was by no means indifferent and inactive, but also had a noteworthy stimulating effect on the heart. In doses of two grammes per kilo. in animals sodium actually produced convulsions with cardiac excitement, and an increase of blood pressure; without, however, arresting the heart, unless five or six grammes per kilogramme were used. Curci's later researches showed that potassium in small doses excites the cardiac muscular fibres, and the muscular fibres of

the arteries, while sodium stimulates the nerve cells and fibres of the organ. Potassium not only does not weaken the heart, as has been maintained, but actually re-enforces it, and should be used in preference as a muscular and cardiac stimulant; all the more, because the potassium salts are in other ways more efficacious. Every physician knows that potassium iodide, for example, is more efficient than sodium; because sodium salts remain in the blood plasma and the tissue spaces, while the potassium salts enter the tissue and penetrate into the protoplasm. Being compounds of a basic character, potassium salts combine with the proteids and protoplasmic compounds having an acid function. As the proteids become oxidized when they combine with alkalies, it is evident that potassium, when introduced into the cells in the proper amount, neutralizes the acid compounds, and renders them fit to be decomposed and burnt up by the oxygen. The sodium compounds, on the other hand, have the same effect, but only on acid substances circulating in the plasma. The physician should, therefore, prescribe the iodide or the bromide of potassium, in preference to the sodium salts.—*N. Y. Med. Jour. and Phila. Med. Jour.*

COMMON CONDYLOMATA.—

℞ Acidi nitrohydrochlorici, fl. ʒ j.

Sig. Apply locally with matchstick or glass rod.

Indication.—Used as cauterant.—*Ex.*

PURPURA.—

℞ Ext. hamamelidis fl., fl. ʒ iij.

Sig. Half to one teaspoonful in water three times a day.

Indication.—Useful in purpura with hemorrhage from mucous membrane.—*Ex.*

TYPHOID FEVER.—The following combination is very well tolerated by the stomach:

- ℞ Zinc phenosulphonate,
• Salol, aa 3 ss.
Bismuth subnitrate, 3 j.

M. Sig. Dose, ten grains every three or four hours.

Another similar prescription which is well tolerated by the stomach is:

- ℞ Saccharated pepsin,
Pulv. hydrastis,
Zinc. sulphocarbolate,
Salol, aa 3 ss.
Bismuth subnitrate, 3 j.

M. Sig. Dose, fifteen grains every three or four hours.

In some cases an enema of a solution of zinc phenosulphonate is of much value, especially if there is diarrhea or a tendency to diarrhea. A good relaxing remedy when the secretions are not free enough is:

- ℞ Pulv. hydrastis,
Pulv. xanthoxylum bark,
Pulv. lobelia herb, aa 3 j.

M. Sig. Fill No. 2 capsules and give one every two or three hours.—*Burnett, Ex.*

RINGWORM.—For this parasitic skin-disease I have always successfully employed, painted on and around the spots, especially on the face, the following:

- ℞ Hydr. chloride corrosivi, gr. j.
Tinct. benzoini compositæ, 3 j.

M. Externally, morning and night.
Ex.

NITROGLYCERIN IN MENTAL AND NERVOUS DISORDERS.—As many psychic disorders are accompanied by nervous arterial tension and constriction of the cortical vessels, nitroglycerin should naturally prove useful in such conditions. In an hysterical woman, 48 years of age, who complained of intense facial neuralgia,

with psychic disorder, the administration of six drops a day (taken in three doses), of the following solution, caused both the neuralgia and mental disorder to disappear in three days:

- ℞ Spir. of glonoin, one per cent.,
5.0.

Tinct. of capsicum, 7.50.

Peppermint aq., 15.0.

In a second case with anxiety and melancholia, and marked precordial pain, the same treatment caused the angina to ameliorate in three days and to disappear in a week; while the mental condition also greatly improved.—*Le Progrès medical.*

CONSTIPATION CAUSED BY ATROPHY OR MUSCULAR WEAKNESS OF THE TUBE.

The following formula has proved serviceable in my hands, and I therefore give it to the *Summary* family with the hope it may interest some of its numerous members:

- ℞ Ext. hamamelis, solid,
Ergotine, aa gr. 50.
Ol. resina capsici,
Resin podophyllin,
Aloin, aa gr. iij.

Dispense in capsules No. xx. Sig. Give one capsule at 10 A. M., 4 P. M., and at bedtime. Reduce dose if necessary.—*Banes, Med. Sum.*

PHTHISIS.—

- ℞ Creosoti, m xvj.
Spir. chloroformi, fl. 3 j.

M. Sig. Fifteen drops by inhalation from Yeo respirator.

Indications. — Used in excessive cough.—*Ex.*

APHTHÆ.—

- ℞ Argenti nitratis fusi.

Sig. Apply to ulcerated spot. Repeat daily if required. Cocainize before touching.

Indication. — Used in obstinate cases.—*Ex.*

MELANCHOLIA.—

℞ Pil. ferri, quininæ et zinci valerianatis No. xxiv.

Sig. One pill after meals.

Indication.—Used in debilitated subjects.—*Ex.*

RENAL CALCULUS.—Horowitz has an illustrated article in the *Post-Graduate*, relating to the etiology and treatment of renal calculus which contains the following case report:

Last September the patient was taken ill with severe pains on the right side of the back and abdomen, which radiated down the course of the ureter to the bladder and the inner side of the right thigh. The urine showed an excess of uric acid, red blood cells and an enormous amount of indican.

A few months later she had a second attack. This time the pains were more severe, and were accompanied by suppression of urine, both kidneys refusing to work. She was given large doses of digitalis and squills without any result. She was then given Basham's mixture (liq. ferri et ammon. acetat.) 3 ij q. 2. h., hot colonic irrigation, hot packs, and sodium sulphate ʒ ss q. 2. h., and not until cups were applied to the loins was the suppression relieved. It took until the fifth day. During this time she also received a mixture containing the following ingredients, which we use extensively at the clinic of the Post-Graduate Hospital:

℞ Ext. hyoscyamus, fl., 3 ij.
Ext. Damianæ, fl.,
Kali bicarb., aa 3 iv.
Mucil. acaciæ, q. s.
Aq., q. s. ad ʒ iv.

M. Sig. Dram j t. i. d. in aq., and carbolic acid grain j t. i. d. well diluted. At no time during this attack did she have any symptoms of uremia. Subsequent to this attack,

she passed blood-stained urine and a considerable quantity of small stones, for a period of two weeks.

The article concludes as follows:

1. Renal calculus is the result of faulty metabolism.

2. The uric acid type of calculus is the most common form.

3. The action of calculi on the genito-urinary tract is purely mechanical.

4. Small loose stones in the pelvis and ureter cause the most symptoms.

5. There are cases of a single large stone occupying the pelvis and the calices of the kidney without any symptoms.

6. The most important symptoms are: 1st, pain, colicky in nature, starting in the region of the kidney or in the loins, and radiate down the ureter to the bladder and thigh, and to the penis and testicle in the male, and to the labia in the female; 2d, hemorrhage, beginning usually with the passage of the stone into the bladder; it may be slight or excessive; 3d, frequency of micturition, or 4th, occasionally calculus anuria.

7. The diagnosis is often uncertain unless the stone can be palpated, or is shown to be present with the X-rays.

8. Indican is an index to the condition of the digestion, therefore pointing out the possibility of an existing suboxidation, and, therefore, the possibility of this condition being present also.

9. The Paquelin cautery is a valuable aid for relieving the congestion of the kidneys and thus aid in breaking up an existing anuria.

10. Carbolic acid stops the pain of renal calculus very quickly and prevents recurrence by changing the overproduced uric acid into a urate of soda.

11. Attention to diet is of great importance in the treatment of renal

Review of Current Medical Literature

With Editorial Comments.

Under the Charge of
"Amicus Curiae."

Zentralblatt für Gynäkologie (Leipsic),
March 14, 1908.

PROTECTION OF PERINEUM DURING DELIVERY.—Rindfleisch applies to the perineum pads of cotton dipped in cold water, taking them from a dish standing at the bedside, renewing the pads every five or ten minutes. They are about ten cm. long, seven cm. wide, and contain about ten gm. of sterile cotton wrapped in sterile gauze. The temperature of the water is about 68 F. These cooling pads are applied to the perineum as soon as the head becomes visible. Just before it begins to emerge he applies outside the pad a flat plate that fits against it and serves to protect the perineum, a bent handle allowing pressure on the plate at the right angle. He reports favorable results from this technic in 28 cases, the women finding the cooling pads very grateful, while the perineum was softened and saved from laceration by the technic. He gives an illustration of the handled plate he uses.

EDITORIAL COMMENTS.—While we have had no personal experience in the employment of these "perineum pads," recommended by Rindfleisch, nevertheless, from a theoretical viewpoint it strikes us very favorably. Every physician of any considerable experience will certainly admit the necessity of supporting the perineum at the stage of delivery referred to. The plan above recommended strikes us as being preferable to the ancient custom of sitting at the bedside with the hand remaining pressed against the parts as a means of support. This latter prac-

tice is disagreeable to both physician and patient, notwithstanding its effectiveness. It seems to be a crude and rather ungentle way of doing things in these days of æsthetic and scientific progress. We welcome the discovery of any method which will prove practical and satisfactory.

Bulletin de l'Académie de Médecine
(Paris), March 10, 1898.

THYROID TREATMENT OF CHRONIC RHEUMATISM.—"The authors report 39 cases of chronic rheumatism during the last three years in which treatment was with desiccated and pulverized sheep thyroids; from one to three doses a day of ten cg. each, equivalent to 50 cg. of fresh glands, were given. The patients' ages ranged from 12 to 75 years, and in five cases the deformity resulting from the rheumatism had confined the patients to bed for years. In nine other cases the persistence of the pains, recurrence of subacute attacks and deformities were very distressing. In nineteen grave or severe cases, two of the patients can now be regarded as clinically cured under the treatment, and in fourteen cases there was great improvement either in the pain, the functional impotence or the deformity in the joints or elsewhere. In twenty moderate or mild cases of chronic rheumatism, eighteen of the patients were immeasurably improved or cured. The results were better the more recent and milder the cases. The benefit has persisted in the various cases. Lancereaux has been preaching the benefits of thyroid treatment for chronic deforming rheumatism for nearly nine years."

EDITORIAL COMMENTS.—We know nothing of the virtues of the "thyroid treatment" in rheumatism, but we do know that *eliminative* measures are

effective, and, we believe, absolutely necessary to effect a cure. We cannot, in other words, understand how the "thyroid treatment," *alone*, can prove satisfactory. We are certain that some effective eliminant agent should be employed as a necessary adjuvant. In short, it is our opinion that chronic rheumatism cannot be satisfactorily overcome without cleaning out the waste *debris* (or nitrogenous "slag") from the system, and thoroughly emptying out the bowels. If we should ever in the future feel disposed to give the "thyroid treatment" a trial, we should certainly not feel satisfied unless, at the same time, we prescribed some alkaline remedy which we knew would stimulate the action of the excretory organs—liver, kidneys and bowels.

Indiana Medical Journal, April, 1908.

TO KILL FLEAS.—"Government Entomologist L. O. Howard says the following have been recommended: Fill a soup-plate with soapsuds; in the center place a glass of water with a scum of kerosene on top; place the soup-plate on the floor in an infested room, and set fire to the kerosene at night. Fleas in the room will be attracted and will jump into the soapsuds. It is also said that houses may be rendered immune by dissolving alum in the whitewash or kalsomine applied to the interior walls, putting sheets of thick paper that have been dipped in a solution of alum under the floor matting and scattering pulverized alum in all crevices where insects might lodge or breed. Powdered alum may be sprinkled upon carpets already laid and then brushed or swept into their meshes with no injury to the carpet and with the certainty of banishment

to many insect pests, including both moths and fleas. Sheets that have been soaked in alum water and then dried may profitably inclose those that are spread nearest to the sleeper.

(The above is from the *Medical Record*. Dr. Howard is the Government Entomologist, author of the work on *Mosquitoes* in relation to malaria and yellow fever, etc. He is an authority and his simple use of alum is applicable to dogs as well as fabrics and carpets.—EDITOR.)"

EDITORIAL COMMENTS.—Although it may seem to our readers that the "killing of fleas" is a subject outside the pale of legitimate therapeutics; still we think it will do no harm to offer some advice. People in rural districts have long recognized the importance of "*white-washing*" the inner walls of the "hennerly" to prevent the infection of fowls with the disagreeable lice, similar to the pests referred to. Plain kerosene oil is rubbed thoroughly into the hair and scalp of the unfortunate country urchin who chances to become infected by his seat-mate at school ("lice" this time) and always proves its effectiveness.

The Central States Medical Monitor,
April, 1908.

THE VIRTUE OF ANTIMONY.—"In 1882, when Dr. John Moffett lectured to his medical classes in Indianapolis, he never omitted an opportunity to emphasize the value of antimony as a therapeutic agent.

His students will remember that he enjoyed mimicking the antics of a patient with hysteria and concluding with the injunction that tartar emetic was the one essential remedy to produce relaxation and then nerve sedatives were in order.

For some years it seems that other

remedies have kept antimony in the background so that but few of the recent graduates in medicine seem to be acquainted with its virtue. To such persons it may appear that the old is ever new and the *Medical Record* of March 21 published an abstract from the *British Medical Journal* which is an interesting résumé of the old and neglected remedy. It says: 'Eustace Smith deplores the neglect in these later days of the use of antimony, which he regards as one of the best remedies in catarrhal states of mucous membranes. No other drug approximates its value in bronchial catarrh. Many of the cough mixtures given in the early stages of this malady are constructed on wrong principles. Ammonia, squills and paregoric in the earlier stages make the cough harder and the chest tighter. In this way a catarrh is driven back into the smaller tubes and in children a bronchitis may be turned into a pneumonia. Such remedies are all right for the later stages. The remedy par excellence for the earlier stages is antimony in small and frequent doses, stopping short of its depressing effect. It is well to combine it with a diaphoretic. The antimonial wine is undoubtedly the most convenient form for administration. Definite indications are difficult breathing, incessant and hacking cough, small and feeble pulse. In the early stages of bronchopneumonia, laryngeal stridor, upset stomach (here in small doses). An old-fashioned mixture for gastric pain after meals is one teaspoonful in half a glass of water as soon as the pain begins of a mixture containing one and one-half grains of tartar emetic, one ounce of magnesia, six drams of bicarbonate of soda and five drams of tartaric acid. Antimony is also a valuable hepatic stimulant, and is of service in inflam-

matory skin conditions, especially acute and chronic eczema.' "

EDITORIAL COMMENTS.—It is doubtful if physicians who have graduated within the past twenty years ever had a thought of prescribing antimony. In such old text-books, however, as Stille's "Materia Medica and Therapeutics," antimony is given as much attention as most of our now commonly used drugs. It is one of the faults or "failings" of the medical fraternity to grasp eagerly at the new and cast off the old. We are apt to forget that some of these old and now forgotten remedies were the standbys of our predecessors of a half-century ago. Let us dig out of their obscurity a few of the best of these old reliables, and see if they are not better than our "new-fangled" ones.

The Lancet-Clinic, April 4, 1908.

PERTAINING TO PRESCRIPTIONS.—

"A very learned court (Bruendi, 102 Wis., p. 48) held that the word 'prescribe' as applied to the act of a physician means to 'advise, appoint or designate a remedy for a disease.' The same view is taken by the Supreme Court of Alabama, which court says that to prescribe means to 'direct as a remedy.' A prescription, then, appears to be a matter of advice. It may be simply oral, as where a physician advises a patient to go and drink a bottle of Pluto water. The advice may be committed to writing, so that it requires the skill of an apothecary to read and compound the advice. It seems erroneous that the prescription is the property of the physician who gives it, as some have claimed. The physician has given his advice either gratuitously or for a consideration, and it no longer abides in him. In the

case of the Chicago Board of Trade vs. the Christy Company (198 U. S., 236) the Supreme Court of the United States held that certain quotations collected by the Board of Trade and communicated to certain telegraph companies under an agreement that they should be distributed only to certain persons approved by the board, were entitled to protection by injunction from use by certain others. If we apply the principle of this case to a prescription, such prescription might perhaps be delivered to the patient with a similar contract and consideration that it should be held confidentially for the use of the patient alone, and even that it should not be repeated. The opinion of a court has this merit at least, that as a rule counsel are heard on both sides of a question, and then the judge, presumably impartial and honest, renders his decision as best he can."

EDITORIAL COMMENTS.—If the Court should decide that a "prescription" belongs to the man or woman that paid for it, and that he or she may demand that it be refilled, either for himself or for some one else to whom he recommends it, then a serious evil will follow. The patient is not competent to judge whether the prescription is indicated on the next occasion. He may think he requires the same treatment again; but we know that each case must be studied by itself. A "cough," "cold" or "headache" does not always require the same prescription. The doctor's reputation suffers, too, because his old prescription proves worthless when refilled.

American Journal of Surgery, April, 1908.

A SURGEON'S OPINION OF SURGEONS.
"In an article entitled 'A Suggestive

Plan for a Modern Hospital of Five Hundred Beds,' by Dr. Bayard Holmes, published in the *Journal of the American Medical Association*, March 28, 1908, we were surprised to read the following:

'Modern aggressive surgery has made the hospital into a hotel for the temporary care of the vivisected. All that the surgeon cares for is a room for his patient to occupy during the three or four weeks *she* is recovering from his incisions. *She* may then go home and *get well* [*sic*] or lead a life of invalidism, as it happens. *To cure his patient and restore her to a life of usefulness and happiness is not the modern surgeon's conception of duty.* He looks on the invalid as an incumbrance to his hospital, and all the essentials of recovery as unnecessary expense and space-consuming impedimenta.'

(The italics are ours.) Read as written, this is an attack on the good faith and sincerity of surgeons that deserves indignant refutation. Since the author is professor of surgery in the University of Illinois, one would naturally interpret these statements as representing his own attitude towards his hospital patients. We find an excuse, however, for a more charitable interpretation. Dr. Holmes' article shows throughout such lack of careful editing, and so much haziness and general inaccuracy, that we are strongly inclined to believe that he prepared it hastily and did not, in this passage, say just what he intended to. He contends, quite properly, that our metropolitan hospitals for acute diseases, make little provision for prolonged convalescence; but his thesis does not support the accusation that *the surgeon* has no interest in securing to his patients the 'essentials of recovery.'

The Journal of the American Medical Association is influential, and quota-

tions from its contents turn up in unexpected places. Such an ill-considered statement as the above is very apt to be seized upon by enemies of the profession and triumphantly announced as another confession from our ranks, 'written by a professor of surgery and published in the mouthpiece of the organized profession!' These are the tender morsels that Christian Scientists, Faith Healers, antivivisectionists and their ilk, love to roll under their tongues. If Dr. Holmes' remarks are reprinted in the yellow press or quoted from a Christian Science pulpit, we think he will find it difficult to explain that he did not mean what he said or that, if he thought he meant it, he had no justification for saying it."

EDITORIAL COMMENTS.—We do not think that Prof. Holmes intended to convey the impression that it is his practice and that of surgeons in general, to discharge the patient from further attention; but to discharge them from the hospital at a suitable time, in order that the further and convalescing treatment (which is very important) may be attended to at home—either by the surgeon himself; or by the regular family physician. We see no great harm in this. In fact, we think that such a plan is better for all concerned, i. e., the patient, the surgeon, and the family physician.

What we mean to say is, that we believe that the surgeon himself is less likely to treat a patient, during convalescence, as effectively at the hospital, as can the family physician at the home.

Journal of the American Medical Association, March 21, 1908.

SEX LIFE OF THE TUBERCULOUS.—
"W. H. Peters considers it demon-

strated by observation that there is, in consumptives, an abnormal sexual excitement or erethism that leads them to excess that is liable to be disastrous. He attributes this to the enforced idleness, the temperature and toxins, the forced feeding essential to the cure, the tonics employed, and, in some cases, to a certain recklessness induced by the disease. The tendency may be obvious even to the last moments of life, and it is rather remarkable that the indulgence does not more often have the fatal effects that are sometimes observed. In sanatoria much can be done in the control of this factor, but difficulties are encountered even there. These are still greater in the home treatment that is all that is available for the majority of consumptives. Here the physician can only advise, but he should point out the dangers and insist on the patient sleeping alone and on continence in all respects. The danger to the other partner and to offspring must also be insisted on. He considers absolute abstinence from sexual intercourse one of the most important things to consider and one of the hardest things to insure in the home treatment of the 'great white plague.'"

EDITORIAL COMMENTS.—The most serious feature to be considered in reference to this subject, is, in our estimation, that which is above spoken of as "*danger to the other partner and to offspring.*" The physician's duty in this matter is to impress upon his patient that his wife is likely to be left with a posthumous child on her hands, and that that same child in 60 per cent. of the cases will turn out to be a consumptive. If it be found that such advice proves fruitless, then it is the duty of physicians to get together and try and get a law enacted which pro-

hibits the marriage of the tuberculous or prohibits marital relations in such cases as that alluded to by W. H. Peters.

California State Journal of Medicine,
March, 1908.

BUSINESS METHODS.—"Systematic work and careful, exact business methods are not in the slightest degree incompatible with professionalism in its most refined form. Rather is the contrary true. The man who thoroughly systematizes his work, who is niggardly of his time, who arranges his schedule of appointments carefully and sees to it that his most valuable possession—his time—is not stolen by inconsiderate patients, finds himself able to do more things, to read more, to study more and to play more, than the man without system in his work, who finds the day gone, his energies dissipated, with many things left undone and with no inclination to study or play. So with business methods. The physician who carries the accounts of his patients in his head will very soon find that ready cash is scarce, the accounts are few, the balances due him but trifling, and not much else in the head to disturb the quiet of the few accounts. Old saws are none the less true though hackneyed, and 'short accounts *do* make long friends.' The grateful patient will pay his bill at the end of the month with no feeling of resentment; but at the end of a year, when the services for which the bill is rendered have long since been forgotten, he will, nine times out of ten, feel that he is being abused. All persons should pay according to their means, and they will pay if they find that they receive from the physician the same business consideration which they receive from the merchant. A careful revision of your business methods is well worthy of your atten-

tion, and if they are not systematic and up to date, you will find it greatly to your profit to see that they are made so."

EDITORIAL COMMENTS.—We are in thorough accord with the author of the above remarks, and would only add that "office patients" should be taught that they need not expect to find the doctor in only during "office hours," and then take their turn with the others before receiving attention. Insist upon this, Doctor. It is very important! Have an attractive office and a respectable-looking waiting room. These outward effects impress your clients wonderfully. It's the same in all the business walks of life.

The Lancet (British), March 21, 1908.

DO FLEAS SPREAD CANCER?—"V. G. Webb reports the case of a woman of 58 years who had been in the habit of visiting another woman suffering from advanced rectal cancer. On one of the last evenings of November, 1907, while sitting by the woman's bedside, she was severely flea-bitten on the right breast. On December 2d, she showed the author the breast in which she had not previously noticed any alteration. The skin was hotter than over the left breast and was slightly inflamed, and the whole breast looked like that of a woman on the third day after delivery, except that the nipple was a little retracted. The diagnosis was interstitial mastitis, and the breast was bandaged over a pad soaked in glycerite of belladonna. After about a week's treatment all external signs of inflammation were gone, and the breast was nearly its normal size; but in a few days it had enlarged again, though not nearly to the same extent. There was very little pain and the size kept fluctuating.

In the second week of January last the swelling became more localized in the upper and outer segment. Rubbing with ointment of iodide of lead was tried and there was a slight discharge of blood from the nipple. On February 1st a diagnosis was made of obstruction of ducts by papilloma and congestion. On February 17th the patient was admitted to the hospital and on the 18th the entire breast and a gland which was enlarged were removed. The patient made a very quick recovery. The naked-eye appearance of the growth confirmed the diagnosis of papilloma. On microscopic examination the growth showed in parts simple papilloma, but in others the papillary growths had malignant characters—i. e., the case proved to be duct carcinoma. The gland showed no malignant characteristics. It seems possible that the whole trouble has been due to the flea bite inoculating cancer germs. Of course this may be wrong and the growth immediately after may have been only a coincidence, but it seems worth while testing whether inoculation can be produced in this way. The points to be emphasized are: (1) that the patient was bitten by fleas from the bed of a cancer patient; (2) that there followed an inflammation (though it was not necessarily *post hoc propter hoc*); and (3) that after about a fortnight a definite growth developed, ending in duct carcinoma."

EDITORIAL COMMENTS.—It is possible, of course, that the causation in this case was one of conveyance of germs by the insect; but it might just as likely have been due to local irritation, caused by the flea bite, or, perhaps, (and most likely) simply a coincidence.

We know so little concerning the etiology of cancer, that we naturally

jump at every suggestion, notwithstanding its absurdity. We have no doubt that the knotty protuberances seen on the trunk and limbs of trees are caused in a similar manner—i. e., tissue repair and disintegration goes awry owing to some local irritation.

Deutsche medizinische Wochenschrift
(Berlin), March 5, 1908.

QUININ TREATMENT OF SYPHILIS ON NEW PRINCIPLE. — "Lenzmann has revived the treatment of syphilis with quinin, modelling it on the dosage of arsenic in trypanosome affections. He injects $7\frac{1}{2}$ grains (0.50) quinin hydrochlorate and repeats this dose the next day, then injects 9 grains (0.60) and repeats this latter injection four times at four-day intervals. By the ninth intravenous injection all symptoms had vanished in his cases. In order to obtain the beneficial action of hyperleucocytosis he makes additional injections of a mixture of 40 parts nucleinic acid and 60 parts quinin, one part of this mixture being suspended in 20 parts olive oil; 10 c. c. of the suspension is the dose for intramuscular injection. His experience with fourteen patients has demonstrated to his satisfaction—as he describes in detail—the prompt curative action of the quinine. Whether the cure will be permanent or not, time alone will show. This technic, he says, may prove useful in cases in which mercury fails or is not tolerated. As a rule he uses from 4.5 to 5.5 gm. (67–82 grains) quinin hydrochlorate in the course of from fourteen to twenty days."

EDITORIAL COMMENTS.—It is all right to be looking out for new and better things. But we have very few "specifics" in medicine, and one of those is mercury and the iodides in the treatment of syphilis. Quinine

has also been found to be very nearly a specific in malaria; but we much doubt if it will ever take the place of the iodides in syphilis.

Let us, at least, hold fast to our specifics; and if we *must* have something new every little while, would it not be better to try something in lieu of those remedies which have proven to be very uncertain in their effects, for the relief of the conditions in which they are supposed to be indicated. For instance, let someone find a "pain cure" equal in its immediate effects to opium—but not possessing the same ill *after* effects.

British Medical Journal, March 28, 1908.

NEW IDEAS ON FRACTURES.—"Lucas-Championnière comments on the fact that the modern use of the X-ray in picturing fractures and the results of treatment, constitute a certain danger for the surgeon. The public are becoming much more critical and are passing condemnatory judgments on superficial information. He says that he has for many years impressed on his students the following points: 'The accurate juxtaposition of the fractured extremities of bones, in order to reproduce the normal arrangement, is a laudable object. It is only achieved in a minimal number of cases. Never tell a patient that you are going to obtain and that you have obtained this exact result. The books teach you that this is the case, but clinically the statement is false, and it will turn against you in several ways. The conditions that are necessary in order that a limb should again become functionally perfect are far from demanding this exact juxtaposition. There are a large number of conditions which are more essential and which you should be more sure of satisfying.

Do not insist upon this claim.' The author says that theories and mathematical considerations play only a subordinate part in comparison to clinical ideas taught by experience. Many physiological conditions intervene in connection with the vitality and functions of the bone or bones affected. Certain methods in the hands of one may yield certain results, but other men may obtain better results with other methods. In all cases a radiograph should be taken for the surgeon's own protection. Many cases properly treated at the time of injury do badly in the end from the injudicious use of mechanotherapy. The author also calls attention to the fact that the further in advance and the more the public are invited to attend courses of nursing, courses of so-called popular science, and the more pictures or anatomical specimens are shown to them, the more firmly will they hold that they are good judges in the discussion of the most complex medical and surgical questions."

EDITORIAL COMMENTS.—The two points which we wish to emphasize here are the following remarks made by the author:

1. "*Certain methods in the hands of one man yield certain results; but other men may obtain better results with other methods.*" We agree with him in this; still we think it can do no harm for one to describe the method which he has employed with successful results.
2. "*Many cases properly treated at the time of the injury do badly in the end from the injudicious use of mechanotherapy.*" This may be true with some; but it has been our personal experience to find that we are getting much better results, by *massaging* the injured limb (gently, of course) every two or three

days, than we used to obtain, when we left the limb "severely alone" until the fractured parts were supposed to be firmly united.

Medical Sentinel, April, 1908.

CONCERNING MEDICAL LIBRARIES.—

"Every town large enough to have a local medical society realizes the importance of a library being established, at which local physicians can find books dealing with every phase of disease. The very few successful practitioners who can afford to maintain libraries covering a sufficiently wide range for every emergency do not feel the necessity of the maintenance of a medical library open to all members of the profession, but a very large portion of the population of any city must necessarily employ physicians who are not able to maintain large libraries. It will seem that in the public interest any movement made in some communities for the establishment of a thoroughly up-to-date medical library is worthy of support. In some cities in different parts of the country, where Carnegie libraries exist, a part of the space in these libraries is devoted to medical works, accessible only to members of the profession. It would seem that in cities where there are public libraries under the Carnegie system or otherwise, some arrangement might be made by which medical libraries might be maintained at a small cost for maintenance, which would prove a boon to the profession and indirectly to the general public."

EDITORIAL COMMENTS.—Many towns have public libraries, in which there are many works of reference for the lawyer and clergyman. We can see no reason why they should not also contain works of reference for the physician. Perhaps if the doctors of a given community, where such a "pub-

lic" library exists, would call the attention of the directors or of the "book committee" to the necessity of purchasing medical works of a certain character, they would be glad to do so. Probably such a thought has never yet entered their heads. We suggest to our readers that, (if they are interested in the subject) they follow out this plan, and try and get some new medical works to be placed on the shelves of the "Reference Room," in their local library.

Medical Record, April 11, 1908.

PEPSIN SECRETION IN INFANTS.—

"Of recent years the investigation of the digestive processes in infants has been pursued with considerable activity, and it has been shown that many of the preconceived ideas in regard to this function during the early weeks and months of life were inexact or entirely erroneous. This is true of the capacity of infants to digest starches, which has now been shown to exist in most cases at a very early period. Researches on the peptic activity of the infantile stomach have been less numerous and have also been unsatisfactory in that for the most part the determinations have been merely qualitative and not quantitative. Rosenstern (*Berliner klinische Wochenschrift*, March 16, 1908) has taken up the problem from the latter standpoint, using the method of Jacobi in which ricin is employed as the indicator for the pepsin content of the gastric juice. After trials of several forms of test meal he came to the conclusion that 50 c. c. of tea sweetened with saccharin was the most desirable, and extracted the stomach contents ten minutes after the child had begun to take the fluid. It was found that in healthy artificially fed children the

pepsin did not appear in appreciable quantities until about the middle of the second month, but then increased until the end of the first three months, after which it remained fairly constant till the close of the first year. Healthy breast-fed infants produce less pepsin than those artificially nourished, and children that are under weight secrete the amount of pepsin that corresponds to their age. Observations on infants with digestive disorders showed that these did not appear to influence the pepsin secretion to any noteworthy degree, though in two cases of marasmus there was a diminution in the amount of ferment produced. These results invite further investigation of the question, and if confirmed, should prove of much interest to the pediatricists, as they may be interpreted as further evidence of the digestive power of the immature stomach to develop in accordance with the composition of the food that is put into it."

EDITORIAL COMMENTS.—This last statement impresses us as being in the nature of a truism, in these modern days of "evolutionary" principles—i. e., that an organ of the body, or the entire organism itself, necessarily *gives to and takes from* its environment. Still, it is evident that Nature intends that a mammalian animal shall derive its nourishment at the start from its mother. The character or "composition" of its food, therefore, depends chiefly upon her.

—:O:—

PALLIATIVE TREATMENT OF CANCER OF THE UTERINE CERVIX.—Jayle points out that in women who are still menstruating a cancer generally runs a more rapid course. For this reason he advises removal of both ovaries. In addition, to reduce the flow of

blood to the neoplasm he applies a double ligature to both of the hypogastric arteries, leaving a space of about one cm. between the ligatures. All this is easily done when the abdomen is opened and the growth found inoperable. If the surface of the growth indicates it, he cures away the epitheliomatous vegetations and cauterizes with the actual cautery.—*Presse Medicale*.

CIRRHOSIS OF LIVER.—Willson records a case of congenital syphilitic cirrhosis of the liver, which proved fatal to a child three months old. He believes that the changes in the liver probably commenced during intrauterine life. The liver is said to have been of enormous size, but unfortunately was not weighed.—*British Medical Journal*.

FRESH-AIR TREATMENT OF ACUTE RESPIRATORY DISEASES, WITH ESPECIAL REFERENCE TO PNEUMONIA.—James M. Anders calls attention to the important part which fresh air plays as a fortifying influence of the human system. In the infectious diseases for which we have no specific remedy or serum the resisting forces must be depended upon to a great degree. The writer believes that pneumonia patients run no risk of contracting a cold from perfilation of the sick room with fresh air. The fresh-air treatment should not be undertaken without due consideration of the peculiarities of the individual case. Although it might not be advisable in certain forms of secondary pneumonia, this measure in general is contraindicated in exceptional instances only. So far the writer has had uniformly favorable results in the cases which he has treated in this way.—*Medical Record*.

NEW ENGLAND MEDICAL MONTHLY.

William C. Wile, A. M., M. D., LL. D.,
Editor.

John J. Berry, M. D.,
Assistant Editor.

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Editorials.

A CURE FOR CRIME.

ACCORDING to press reports, an announcement has been made by a prominent psychologist, closely identified with hypnotism, that he is using the glycerophosphates for the cure of moral obliquity.

It appears that people who have a deficiency of lecithin in their brain cells, proceed at once to kick up and behave in a scandalous and unseemly manner. The remedy consists in at once catching them with a pinch of salt and administering a good dose of glycerophosphates. If the above so-called facts have been correctly reported, medical science has scored again, for there are many advantages accruing from such intimate knowledge of cerebral pathology. The delinquent is thus relieved of all personal responsibility and those of us who can't tell why we do things which others consider wrong, will now be able to state that, owing to the flattering reports of those in our employ, we had inadvertently discontinued the use of our glycerophosphates. It is evidently a good thing and we might suggest incidentally, that those who yearn for notori-

ety and have also a hazy and limited proportion of medical ethics would do well to take an occasional dose of this same preparation.

CONTRA-INDICATION IN SURGERY.

IN THESE days of surgical supremacy, the role of the agnostic or dissenter is not a popular one—yet these people have their uses.

Erstwhile, they were considered ignorant and prejudiced and perhaps a little jealous because they, themselves, could not do things of equal magnitude. Jacobi ventured to remonstrate with those who were running amuck and offered the term *furor operandi* as best describing their mental condition. This diagnosis was strongly endorsed by many physicians and a few patients who claim to be survivors.

But there are others—and these among the justly celebrated surgeons who feel it incumbent to raise their voices in disapproval of irresponsible and haphazard methods. Dr. Maurice Richardson, under this caption, undertakes to emphasize the importance of conservatism, palliation and delay, elements which are very generally ignored by the more progressive workers.

Says the author: "We see every day, advising and performing operations, men who excel in radicalism as much as they lack in skill, whose results are disaster and whose work condemns the art of surgery."

There is a tendency to operate without requiring a full and accurate history of the case and a just apprecia-

tion of what may be accomplished by such a procedure. Surgeons of only mediocre attainments undertake, oftentimes, surgical procedures for which they are wholly unqualified, simply on account of a desire to emulate or surpass their teachers or competitors. This is notably true in the case of abdominal work, which is so often undertaken by the young man whose previous experience has been almost *nil* but whose self-confidence is none the less full and unlimited.

It is self-evident that those who enjoy a large and daily experience in such cases become far more skilful and better informed than he who operates at infrequent intervals, and moreover are better able to solve the many and perplexing questions which come up unexpectedly at the operating table, hence the physician who makes a careful and conscientious study of this question will certainly conclude that both the patients and surgeons of the towns and small cities are constantly taking long chances: the patient because he is not getting the best that the market affords, and the surgeon because he cannot, from the nature of his work, be fitted to cope with great difficulties and unexpected emergencies. These conditions are too vital to be trifled with and the very best is none too good when radical or grave operations are under consideration.

THE HELL OF WAR.

THE contribution of Dr. Seaman to the current issue of Appleton's is not only a scathing arraignment of the present administration but a forceful and convincing plea for a re-

organization of the Medical Department of the Army.

In support of the assertion that in previous campaigns, disease claimed four times as many victims as the guns of the enemy, he cites the gruesome fact that in the Army of the United States in 1898, 2649 picked soldiers died in three months in the pest camps of their native land without ever having heard the hum of a hostile bullet, and there is no evidence to show that present conditions are any better or that the bitter experience of that period has borne fruit. The writer further says: "The wretched system of the Medical Department of our Army and the lack of authority accorded to its officers to enforce practical sanitation and hygiene, were among the principal causes that brought our Army of 170,000 men in the Spanish War almost to the knees in three months, with 156,000 hospital admissions and 3974 men dead when the remainder were mustered out, most of them in the shrunken and shriveled condition which the reader probably remembers.

Although in that war the Cuban Army of invasion numbered only 20,000 men there are to-day, on the rolls of the Pension Office, as the result of that opera bouffe conflict, the names of 24,000 pensioners, over 19,000 of whom are invalids and survivors of the war, and with over 18,000 additional claims still pending." These facts are amply sufficient to show that while many, and perhaps most of the medical officers, are able and competent, they are tied hand and foot by a system which limits their authority and ignores their recommendations.

That it is possible by proper organization to limit the disease mortality to a degree of nearly 75 per cent. below previous records, is shown by the statistics of the Japanese War and it is a lasting disgrace that we have learned nothing from experience and have not yet evolved any plan for giving our soldiers any care or protection in the field. This is, indeed, the hell of war, and particularly in our own country when we deliberately destroy our own soldiers before an opportunity offers to engage the enemy. This condition of affairs is sure to prevail until there exists a national board of health whose secretary is a member of the cabinet. The bill before Congress which makes no provision for an effective sanitary department is not to be recommended in its present form and does not meet the approval of the best informed. This question has been agitated in a half hearted way for years, even though the futile cry for succor has gone out again and again from our pest-ridden camps and hundreds of brave soldiers have ridden into the valley of death—the victims of ignorance and inefficiency.

A FITTING TRIBUTE.

THE BANQUET recently tendered the genial editor of the MONTHLY by the citizens of Danbury was not only a happy inspiration, but a fitting testimonial to the physician and man of affairs.

As a practitioner of long standing, ever imbued with feelings of loyalty and devotion to the medical profession, he has done much to further the

interests of its individual members and added not a little to the minor, but withal pleasing amenities of their daily life. The event likewise furnished an opportunity for timely comment upon his citizenship and success in advancing in manifold ways the material interests of his adopted city.

The occasion was highly enjoyed by all and while the recipient of the honor labored eloquently but in vain to establish his unworthiness, the old familiar friends were equally forcible in expressions of gratification over the Doctor's renewed health and return to active duty.

J. J. BERRY.

—:o:—

Book Notices.

THE PRODUCTION AND HANDLING OF Clean Milk, by Kenelm Winslow, M. D., M. D. V., B. A. S. (Harv.), Formerly Instructor in Bussey Agricultural Institute and Assistant Professor in the Veterinary School of Harvard University. Author of a Text Book on Veterinary Materia Medica and Therapeutics; Chairman of the Committee on Milk of the Washington State Medical Association, Etc. Price \$2.50 Postpaid. 207 Pages, Many Illustrations Including One Colored and Fifteen Full-Page Plates. William R. Jenkins Co., 851 and 853 Sixth Avenue, New York City.

This is not only a complete plain and practical book but also an authoritative guide to the production and distribution of clean milk for every body, including farmers, health officers, milk inspectors, students of agriculture, dairymen, country gentlemen, physicians and any and all others who are at all interested in matters pertaining to dairying and hygiene.

There is a big movement in this direction and it is attracting world wide attention from every quarter. Even the Government, through the Agricultural Department and the Marine Hospital Service, has taken hold of it with vigor and we can only foretell the abundant good that will flow from this agitation.

Dirty milk causes most of the infant mortality, especially during the summer months.

COSMETIC SURGERY. THE CORRECTION of Featural Imperfections, by Charles C. Miller, M. D. Second Edition Enlarged. Including the Description of Numerous Operations for Improving the Appearance of the Face. 160 Pages. 96 Illustrations. Prepaid \$1.50. Published by the Author, 70 State Street, Chicago.

This is a small volume but it is crowded with good solid facts which are reinforced by 96 illustrations which go far to elucidate the text.

The question of Cosmetic Surgery is attracting widespread attention all over the world among the medical profession and such works as this find ready readers in its ranks. It is well written in a very easy style and is up to date. No wonder a second edition has been called for.

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Current Literature.

"The Sanatorium Treatment of Mental and Nervous Diseases," by Dana E. Downing, M. D.

"Metastases Following Incision of a Sarcoma," by William Seaman Bainbridge, Sc. D., M. D. Reprinted from the *New York Polyclinic Journal*.

"Some Phases of the Surgical Treatment of Cancer—A Clinical Lecture,"

by William Seaman Bainbridge, M. D. Reprinted from the *American Journal of Surgery*.

Dorothea Deakin, creator of "Georgie," contributes a blithesome tale called "The Serpent's Tooth" to the May *Lippincott's*. It contains a lesson for a certain class of mothers, who would do well to take it to heart.

Thomas L. Masson has a clever story called "A Man's Game" in the May *Lippincott's*. It shows the humorous touch and the keen knowledge of human nature which have earned this author his reputation as one of our foremost humorists.

Joseph M. Rogers's series of articles on American preparatory schools for boys, now appearing in *Lippincott's*, is exciting wide attention, especially in pedagogical circles. Few of us have realized how much this perhaps the most important of all branches of education has been neglected of recent years, and Mr. Rogers's papers ought to be productive of much good. In the May issue he takes for his theme "Athletics and Sentiment."

A paper of decided importance, especially to the literary world, is that on "The Tragic End of Guy de Maupassant," in the May *Lippincott's*. Professor Albert Schinz, the author, has had special advantages in getting at the facts connected with the pitiful termination of his distinguished fellow-countryman's career, and the mystery which has heretofore enshrouded it for so many is now satisfactorily cleared up.

LITERARY NOTES.—Rupert Sargent Holland's new novel, "The Pirate of Alastair," which is published complete in the May *Lippincott's*, reminds one of

a song that was popular several years ago—"There is always something doing in the lives of famous men." Certainly there is always "something doing" in Mr. Holland's narrative. It fairly bristles with action, and the reader is hurried from incident to incident with well nigh breathless haste. The hero, Felix Selden, is a well-to-do young writer who has fallen in love with and made himself the owner of a picturesque bit of land in a remote section of the Maine coast. On the rocks close by is the hulk of an old ship, wrecked and abandoned there long years before. In this peaceful spot where the owner has come for the quiet surroundings conducive to literary pursuits, he suddenly finds himself involved in a tangle of events in which swords and pistols and buried treasure all play a part, and which seems more fitted to the eighteenth century than to the twentieth. Yet while the plot is a fantastic one, there is nothing at all impossible about it, and the tale itself is so irresistible that few readers will stop to question the probability. "The Pirate of Alastair" makes a distinct advance over Mr. Holland's first book, "The Count at Harvard," which made something of a hit a year or two ago.

—:o:—

Correspondence.

225TH ANNIVERSARY OF THE
FOUNDING OF THE CITY
GOVERNMENT OF PHIL-
ADELPHIA, OCTO-
BER 4-10, 1908.

Editor New England Medical Monthly:

Plans are being rapidly perfected by the medical and educational institutions and societies of this city for many notable reunions of graduates and conventions to be held here during the week of the Two Hundred and Twenty-

fifth Anniversary Celebration of the Founding of the Government of Philadelphia, which is to be observed upon a grand scale during the week of October 4-10 next. Thousands of personal letters have been sent to graduates and leading professional men residing in the various States and Insular possessions inviting them to this city during that week.

The University of Pennsylvania, the various medical and dental colleges, as well as all the city's institutions of learning, together with the officers of the Board of Public Education are forwarding the project in every way possible. The result will, undoubtedly, be a reunion of professional men, who by their activities, have spread the fame of Philadelphia as the mother of medicine and as an educational centre throughout the United States and the world.

It is proposed to devote the mornings of several days of the week to conventions of workers in educational fields, and with that end in view, nearly all the cities and the large centrally located halls have been secured.

THE MEDICAL PROGRAMME.

The committee on Medical Day have prepared a splendid programme which will attract physicians from near and far. The Academy of Music has been engaged and addresses will be delivered by foremost practitioners from many sections of the country and from abroad. Professor Pearsoll, of the University of Pennsylvania, famous as an anatomist and scientist, will be one of the speakers. Dr. J. Chalmers Da Costa, professor of surgery in Jefferson Medical College and Hospital, and an author of international repute, will be heard. Dr. J. M. Anders, professor of the practice of medicine in the Medico-Chirurgical College and Hospital of this city, also an author of dis-

tion, is to make an address. Other professors and practitioners of eminence will also have a prominent part in the proceedings.

It is the intention to lift the programme above merely local proportions by securing the attendance of some 400 foreign delegates who will then be attending an International Convention of Medical Men at Washington, D. C. That these delegates may obtain a comprehensive insight into American methods, leading colleges and hospitals are arranging to have clinics, lectures and demonstrations by eminent professors during Founders' Week.

That Philadelphia's proud place in the medical world may be fittingly recorded, a volume of 1,000 pages, including 750 pages of text and 250 pages of illustrations, will be issued. It will contain an account of all the historical institutions, colleges and hospitals that have existed in the city since its founding. The volume will also contain an account of all the medical and scientific societies and medical journals that have been in existence in Philadelphia from the earliest days. Two thousand copies will be printed and these will be distributed among the libraries of this and other cities and in principal towns.

As another feature, the Committee on Historical Exhibit has arranged with the Historical Society for a large room in its building, where will be shown some of the earliest documents and apparatus that have been used by the different colleges and hospitals of this city. Professor Remington, of the Philadelphia College of Pharmacy, is chairman of the committee having this exhibit in preparation.

Without doubt the efforts will result in a gathering of medical men and other college graduates which will eclipse both as regards numbers, interest of

programme and the professional benefits to be reaped, any gathering of its kind in the history of the United States.

Incidentally, it may be stated that the great and honorable part which men of scientific attainments played in the progress of Philadelphia and the nation will be fittingly pictured in the Historic Pageant which is to be a full day's feature of the celebration. This pageant will be on a scale in every way equal to the famous pageants of England and Berlin. It will also be the first historic pageant of its kind ever witnessed in this country.

City Councils, the merchants and the citizens of Philadelphia, are leaving nothing undone that will contribute to the success of the Founders' Week celebration. At least \$400,000 will be spent on the several features of the celebration which will mark the anniversary. The programme in outline will be as follows:

Sunday, October 4.—Religious Day.

Monday, October 5.—Military Day, with a parade of the State and Government troops, sailors and marines from the United States fleet and foreign war vessels.

Tuesday, October 6.—Parade of the Police and Fire Departments of Philadelphia, the State Police, the Volunteer Fire Companies of Pennsylvania and details of Police and Fire Departments of other cities.

Wednesday, October 7.—Industrial parade, showing Philadelphia and Eastern Pennsylvania's leading industries.

Thursday, October 8.—Review of thirteen United States war vessels and foreign war ships in the harbor, followed by a marine pageant in which more than 500 vessels will participate, concluding with an illumination of the harbor at night.

Friday, October 9.—Historical Pageant, descriptive of the history of the city from the 17th century, in which

calculus. Fruits must be excluded.—
The Central States Medical Monitor.

VARICOSE ULCERS.—

℞ Carbolic acid, *m xxx.*
Boric acid, 3 iiss.
Camphor, 3 ij.
Ichthyol, 3 v.
Expr. ol. almond, 3 iiss.
Ungt. zinc oxide, 3 iiss.

Or:

℞ Iodoform,
Powd. salol,
Bismuth subnitrate,
Powd. charcoal,
Powd. cinchona,
Powd. benzoin, aa 3 ij.

Use as a dusting powder.—*The Med. Fortnightly.*

EPILEPSY.—

℞ Ext. quassia fl., fl. 3 ij.

Sig. Two tablespoonfuls in quart of tepid water slowly injected into bowel after soap and water enema. Repeat in 24 hours.

Indication.—Used for epileptiform convulsions when thread-worms are causative factor.—*Ex.*

SALT FREE DIET IN CHRONIC PARENCHYMATOUS NEPHRITIS.—Peabody (*Med. Rec.*). During the past few years a number of observers in the treatment of chronic parenchymatous nephritis have administered food containing a minimum of sodium chloride, especially in cases of anasarca. The literature is not voluminous, but those who have tried this treatment are enthusiastic about it. The author finds that in many cases soon after the beginning of the treatment, edema, and with it body weight, will diminish rapidly. The best results are obtained with the patient at rest in bed.

Miller has found that only small amounts of sodium chloride are essential for the animal economy and

Bunge states that only one or two grams are necessary daily. Most people, however, consume ten or twenty grams, and the excess is eliminated chiefly through the kidney. Miller finds that in patients with moderately severe nephritis with edema, that the chlorides are retained, especially if ingested in large amounts. Following this the edema becomes more marked and the albuminuria increases.

The author reports a series of cases in which he has applied the salt free diet with admirable results. He found in many cases that the headache and dyspnea were relieved, the fluid disappeared from the serous cavities without tapping and edema vanished. The diet employed is very similar to that commonly prescribed for nephritis, eliminating only those that naturally contain salt and add no salt at all. This works no hardship upon the patient: On the contrary, prompt relief is usually noted.—*Ex.*

TONIC.—The following is a very important tonic:

℞ Boneset leaves,
Yellow poplar bark,
Prickly ash, aa 3 j.
Golden seal, 3 ij.
Cinnamon bark, 3 j.
Aq., quarts ij.

M. Sig. Boil this down to one quart and add two pounds of sugar. Dose, tablespoonful immediately before or after each meal.—*The Medical Bulletin.*

SPERMATORRHEA.—

℞ Camphoræ,
Ext. ergotæ, aa gr. xxiv.
Strychninæ sulphatis, gr. j.

M. Ft. pil. No. xxiv. Sig. One pill after meals.

Indications.—Useful in the presence of asthenia.—*Ex.*

ADENOIDS.—In the slighter cases of adenoids, with some enlargement of the tonsils, a weak alkaline lotion, such as the following, should be syringed through the nose and fauces so as to free the lymphoid tissue, so far as possible, from micro-organisms and to prevent crusts forming upon the surface:

- ℞ Sodii bicarbonatis,
Boracis, aa gr. v.
Sodii chloridi, gr. ij.
Glycerini, 3 j.
Aq., ad 3 j.

Astringents, such as the following, may be painted on the tonsils and the adenoid tissue:

- ℞ Aluminis, 3 ij.
Acidi tannici, 3 ss.
Glycerini, 3 ss.
Aq. rosæ, ad 3 ij.

Or:

- ℞ Iodi, gr. ij.
Potassii iodidi, 3 ss.
Glycerini, 3 j.

Tonics should be administered, such as the phosphate of iron or steel wine. If the patient is no better for the treatment, and the symptoms of enlarged tonsils and adenoids still persist, then these growths should be removed.—*The Practitioner.*

ANEURISM.—

- ℞ Morphinæ sulphatis, gr. iss.
Chloralis, 3 j.
Mucilaginis acaciæ, fl. 3 ij.
Syr., q. s. ad fl. 3 iij.

M. Sig. Two teaspoonfuls in half a glass of water at bed-time.

Indications.—For insomnia and pain due to aneurism.—*Ex.*

HAIR RESTORER.—Some years since an agent for a drug firm called upon me, and tried to interest me in a hair tonic. He said: "I have used it." When he went out, I called his attention to his bald head, but he was equal

to the situation, and said: "When we meet again I will have a head full of hair." We never met again; perhaps his hair is still growing. Now as to these tonics, it may be well to say: have your hair cut short, clean scalp with some good soap, dry it well, then use the following:

- ℞ Quinine sulph. powd., 3 j.
Tinct. cantharides, 3 ss.
Bay rum, O j.

M. Sig. Rub some of above well on scalp each night before going to bed.—*Doane, Med. Sum.*

LA GRIPPE.—For the initial symptoms of la grippe, the following will prove very satisfactory; will never want to use any other prescription:

- ℞ Acetanilid,
Salol,
Sodium salicyl.,
Salicin, aa gr. 20.
Sodium benzoate, gr. 40.

M. Ft. div. in capsules No. xxiv. Sig. One every hour until you take six, then every two hours until pain and soreness are gone.—*Ex.*

ENLARGED AND INFLAMED GLANDS.

- ℞ Ichthyoli, fl. 3 ij.
Ungt. hydrargyri,
Ungt. belladonnæ, aa 3 ij.
Adipis lanæ hydrosi, q. s. ad 3 j.

M. Sig. Apply freely on new white cloth.

Indications.—Used in acute or sub-acute inflammation of glands to reduce swelling, relieve pain and prevent suppuration.—*Ex.*

HAY FEVER.—

- ℞ Chloralis, 3 ij.
Elix. ammonii valerianatis,
fl. 3 iij.

M. Sig. Teaspoonful in water not oftener than every six hours.

Indications.—In neurotic subjects, to relieve attacks of dyspnea.—*Ex.*

CANCER.—

- ℞ Ext. opii, gr. vj.
 Iodoformi, gr. xxxvj.
 Ol. citronellæ, gtt. vj.
 Ol. theobromatis, q. s.

M. Ft. suppositoria No. xij. Sig.
 Introduce one suppository every three
 or four hours after using antiseptic
 wash.

Indications.—For cancer of cervix,
 vagina or rectum.—*Ex.*

HEART DISEASES.—

- ℞ Tinct. aconiti, fl. 3 j.
 Sacchari lactis, 3 iss.
 Alcohol, q. s.

M. Ft. tabellæ triturationes No.
 60. Sig. One tablet every two hours.
 Indications.—Used in cardiac hy-
 pertrophy, with strong heart and pulse
 of high tension.—*Ex.*

**INTERMITTENT AND REMITTENT
FEVER.—**

- ℞ Liq. potassii arsenitis, fl. 3 j.
 Tinct. ferri chloridi, fl. 3 ij.
 Ext. chirateæ fl., fl. 3 iij.

M. Sig. Teaspoonful in water
 after meals.

Indications.—Used as tonic and
 hepatic stimulant in malarial cachexia
 with hepatic torpor.—*Ex.*

VAGINITIS.—

- ℞ Pulv. aluminis,
 Zinci sulphatis,
 Sodii biboratis,
 Acid carbolici, aa 3 j.
 Aq., 3 vj.

Sig. Tablespoonful to a quart of
 lukewarm water as a vaginal injection
 twice daily.—*Vanderbilt Clinic.*

**TO REMOVE FROM THE SKIN BROWN
 STAINS OF PERMANGANATE OF POTAS-
 SIUM.—**The brown stains on the skin
 caused by solutions of permanganate
 of potassium are promptly removed
 on bathing the parts with peroxide of

hydrogen, H_2O_2 . The latter prepa-
 ration, which is a good antiseptic,
 does not injure the epidermis like a
 solution of oxalic acid. Unlike the
 bisulphites it is odorless.—*Canadian
 Jour. of Med. and Surg.*

**HYDROGEN DIOXIDE IN CHOLERA
 INFANTUM.—**Novikon prescribes a
 teaspoonful every two hours of the
 following mixture:

- ℞ Solution of hydrogen dioxide,
 grm. 6.0.
 Aq., grm. 85.0.
 Simple syr., grm. 15.0.

St. Louis Med. Rev.

DIARRHEA OF CHILDREN.—

- ℞ Tannalbin, 3 i.
 Hydrargyri chloridi mitis, gr.
 ½.

M. et ft. chartulæ No. xx. Sig.
 One powder every two hours.

Indications.—Used after alimentary
 tract is free from irritants.—*Ex.*

INTESTINAL ATONY.—For obstinate
 post-operative intestinal atony, the
 following is often successful:

- ℞ Infus. chamomil., 3 viij.
 Ol. terebinth. rect.,
 Carbo. lig.,
 Aq. menth. pip., aa 3 ij.

M. et ft. enema. Sig. Inject
 warm.—*Med. Rec.*

ONYCHIA.—

℞ Pulv. plumbi nitratis, 3 iv.
 Sig. Dust on finger night and
 morning and cover with antiseptic
 gauze.—*Ex.*

PHOSPHATURIA.—

℞ Saloli, 3 iij.
 Ft. chartulæ No. xxiv. Sig. One
 powder before meals.

Indications.—In phosphaturia with
 ammoniacal decomposition of urine.
Ex.

ACUTE PROCTITIS.—Andrews prescribes this antiseptic and anodyne suppository:

- ℞ Iodoformi, gr. 5.
- Opil, gr. $\frac{1}{2}$.
- Ext. belladonnæ, gr. $\frac{1}{12}$.
- Ol. therobrom., q. s.

As an injection for acute symptoms he employs one dram of liquor bismuthi in six ounces of starch mucilage. *Denver Med. Times.*

CORYZA.—E. S. McKee, in the *Therapeutic Gazette*, advises spraying the nose once daily with an alkaline and antiseptic solution, then with a one-per-cent. solution of cocaine with 0.4 per cent. of boric acid. Five minutes later he uses a two-per-cent. spray of antipyrine, and five minutes later insufflates with calomel; lastly, one per cent. of menthol in liquid petrolatum is sprayed into the nose.

Among a host of sprays for coryza he recommends the following:

- ℞ Menthol, gr. viij.
- Camphoræ, gr. v.
- Petrolati liq., fl. $\frac{3}{4}$ j.
- M. Sig. Use as a spray.
- ℞ Adrenalin chloridi, 3 j.
- Cocainæ hydrochloridi, gr. j.
- Salt solution (0.8 per cent.), fl. $\frac{3}{4}$ ij.

M. Sig. Use as a spray two or three times daily.

The patient should lie down for a few minutes after using this spray and should remain indoors for some time afterward.

[The cocaine spray should only be used or dispensed by the physician. The patient should not be given a prescription.—ED.]

- ℞ Sodii salicylatis,
- Sodii chloridi,
- Sodii bicarbonatis, aa q. s. $\frac{3}{4}$ iv.

M. Sig. A teaspoonful in one-half pint of water and use as a spray.

- ℞ Hydrogenii peroxidi, fl. $\frac{3}{4}$ j.
- Hydrargyri chloridi corrosivi, gr. j.
- Zinci sulphocarboulatis, gr. xx.
- Aq. dest., fl. $\frac{3}{4}$ v.

M. Sig. Use as a spray after cleansing.

As a stimulant to the mucous membranes the following may be used:

- ℞ Thymol, gr. $\frac{1}{2}$.
- Ol. carophylli, m 3.
- Petrolati liq., fl. $\frac{3}{4}$ i.

M. Sig. To be sprayed in the nares two or three times a day.

- ℞ Phenolis (acidi carbolic),
- Mentholis,
- Ol. gaultheriæ, aa gr. j.
- Petrolati liq., fl. $\frac{3}{4}$ j.

M. Sig. Use as a spray three or four times a day when an antiseptic is needed.

As a sedative the following may be used:

- ℞ Ol. carophylli, m viij.
- Terebeni, m xij.
- Petrolati liq., fl. $\frac{3}{4}$ j.
- M. Sig. Use as a spray.
- ℞ Ol. cassiæ, m ij.
- Menthol, m iij.
- Petrolati liq., fl. $\frac{3}{4}$ j.

M. Sig. Use as a spray.

Snuffing of liquids of an alkaline and antiseptic character is often beneficial. McKee recommends the following simple alkaline and antiseptic wash which can be made up at home: Salt, one-half teaspoonful; carbonate of soda, one teaspoonful; phenol (carbolic acid), ten drops; water, one pint. This is best used lukewarm, the patient stooping over, snuffing it through the nose and spitting it out of the mouth. If snuffed through the nose in the erect posture or with the head thrown backward there is danger of the solution passing through the Eustachian tubes into the ear and causing trouble. These alkaline solutions, if used regularly in flushing out

the nares, are very beneficial in preventing coryza.

Another consists of equal parts of salt, borax and bicarbonate of soda, one teaspoonful to a pint of water, use lukewarm.—*Jour. A. M. A.*

PRURITUS VULVÆ.—The following ointment is highly recommended by Dr. Beall in pruritus vulvæ where other applications have failed:

- ℞ Menthol, gr. viij.
- Quin. sulph., gr. xx.
- Ac. carbolic, gr. xxiv.
- Ungt. hydrarg. nit., 3 j.
- Ichthyoli, 3 iiss.
- Lanolini, 3 vj.
- Ol. ricini, 3 x.

M. Ft. ungt. Sig. Apply freely after washing the parts with hot water. *Texas Med. News.*

VIOLENT FACIAL NEURALGIA.—

- ℞ Pyramidon, gr. o. 10.
- Phenacetin, gr. o. 25.
- Exalgine, gr. i. 10.
- Dover's powder, gr. 20.

Make one powder. The Dover's powder used should be prepared without ipecac.—*Robin, Jour. de Med. de Paris.*

FOOD VALUE OF INDIAN CORN.—

Experiments conducted at the Maine Agricultural Experiment Station, by L. H. Merrill, indicate a high nutritive value for this cereal. Digestion experiments were carried on to determine the absolute and relative digestibility of corn-meal and the other principal corn products, both when used as a simple diet and when forming part of the mixed diet. The degree of utilization of the proteins and the carbohydrates were separately determined, as well as the proportion of available energy as heat of combustion. The carbohydrates are almost completely utilized, while the propor-

tion of protein undigested varied from five to ten per cent. The experiments indicate that these foods become more digestible when eaten with other foods. In general it may be said that the corn products are more digestible than is commonly supposed. Not only their digestibility, but their cheapness and the readiness with which they may be converted into palatable foods suggest a more extended use and entitle them to a much higher place in popular estimation. Similar experiments with chestnuts are reported in the same bulletin. The composition of the dry meat of chestnuts closely resembles that of Indian corn, with, however, a larger percentage of fat. Digestion experiments showed that the nuts were quite digestible, in one experiment 98.1 per cent. of the nutritive constituents being absorbed. The chestnuts were eaten in the form of flour.—*Ex.*

EYE WATER.—

- ℞ Acid boracic, gr. iv.
- Zinc sulphate, gr. ij.
- Morphine sulphate, gr. iss.
- Rose aq., fl. ʒ j.

M. Sig. Six or eight drops in the eye every three or four hours.

With the above formula I have repeatedly cured mild cases of granulated lids. I prescribed it once and afterward the druggist filled it for at least twelve others before I heard of it, and I requested him to stop it. I now dispense it myself.—*Albright's Office Practitioner.*

CHRONIC DIARRHEA.—The following is used in chronic diarrhea:

- ℞ Myricin (concentration), gr. v.
- Ol. xanthoxylum, gtt. iij.
- Hydrastina phos., gr. v.

This may be triturated on lactin or given in four ounces of water three or four times a day.—*The Med. Sum.*

DIARRHEA OF CHILDREN.—

℞ Pepsini (scale), 3 ij.

Acidi hydrochlorici diluti, fl. 3 ss.

Aq. camphoræ, fl. 3 iv.

Aq., q. s. ad fl. $\frac{3}{4}$ ij.

M. Sig. Teaspoonful in water three times a day.

Indications.—For subacute summer diarrhea with green stools and lientery.—*Ex.*

HEADACHE.—The *Therapeutic Gaz.* emphasizes the fact as essential for the successful care of patients suffering from headache, that it is purely a symptom and never a disease and the administration of the very large number of pain-relieving drugs, which are of little value in the majority of cases, should be replaced as soon as possible by other measures intended to remove the underlying cause of the attack. Headaches of the migrain type depend in the majority of instances upon some form of autointoxication. In some instances this is gouty or lithemic in its nature when, of course, the salicylates are advantageous; in others it depends upon the absorption of toxic materials from the intestines and upon hepatic inactivity, not only in the secretion of bile but in the carrying out of that most important function of the liver, the destruction of poisons which may be absorbed from the alimentary canal; such cases usually require some intestinal antiseptic, such as the sulphocarbolate of sodium or guaiacol, the hurrying of digestion by the use of pancreatin or takadiastase, and the use of small doses of calomel or podophyllin to stimulate hepatic and duodenal secretion. In many cases the attack is best arrested by the administration of a brisk saline purge followed by the use of one of the coal-tar products, associated with the bromids and caffen, or if the cir-

culatation is excited or the arterial tension high, by substituting gelsemium for the caffen. Occasionally, neuralgic or migrain headaches are dependent upon carious teeth or nasal disease; in this connection, violent pain in the face and forehead coming on in the course of influenza and acute colds should always be considered as being possibly due to infection of an antrum, relief being obtained only when the involved antrum is properly drained. The headaches due to eyestrain are to be relieved by proper glasses, while in arteriosclerotic cases the use of the iodids and nitroglycerin to diminish tension is essential.—*Cleveland Medical Journal.*

IRRITABLE BLADDER.—The following has been advised in irritable bladder in neurasthenic subjects:

℞ Tinct. belladonnæ,

Liq. potassii hydroxidi, aa 3 j.

Potassii citratis, 3 ij.

Aq. anisi, $\frac{3}{4}$ ij.

Aq. cinnamomi, q. s. ad $\frac{3}{4}$ vj.

M. Sig. One tablespoonful every four hours.—*The Med. Bull.*

GOUT.—The following is a formula for the treatment of this disease: For external application:

℞ Ol. gaultheriæ,

Ol. olivæ,

Lani saponis,

Tinct. aconiti,

Tinct. opii, aa fl. 3 ij.

M. Sig. Apply freely and cover with cotton batting.—*Satterlee, The Med. Bull.*

HEMORRHOIDS.—

℞ Ichthyol,

Acidi tannic, aa gr. 5.

Ext. belladon.,

Ext. stramon., aa gr. $\frac{1}{3}$.

Ext. hamamel., gr. x.

M. Ft. supposit.—*Tuttle, Ex.*

VAGINITIS.—A teaspoonful of the following mixture in a quart of hot water makes a very excellent douche:

- ℞ Solution of resorcin, 2 parts per 100,
Solution of salicylic acid, 2 parts per 1,000,
Solution of copper sulphate, 3 parts per 1,000,
Solution of betanaphthol, 0.25 per 1,000, equal parts.

Every day the following tampon may be introduced:

- ℞ Salol, grm. 3 to 8.
Glycerine, grm. 250.

M. Sig. Soak a cotton tampon in this.

Or the following vaginal suppository may be used by the patient:

- ℞ Acetanilidi,
Tannin,
Ext. krameria,
Sugar of milk.

M. Sig. To make one vaginal suppository. Cover with petrolatum before introducing.—*Ther. Medicine*

OBSTINATE COUGHS. — For some obstinate coughs I find the following very useful:

- ℞ Spir. tinct. phosphorus, gtt. x.
Spir. tinct. sanguinaria, gtt. xv.
Morphine sulphas., gr. j.
Elix. simp., q. s. ad $\frac{3}{4}$ vj.

M. Sig. Teaspoonful every two or three hours.—*The Med. Sum.*

LATENT MALARIAL INFECTIONS.—Dr. Charles F. Craig, assistant surgeon U. S. Army (*Yale Med. Jour.*) makes a distinction between chronic malarial infection and latent malarial infection. He understands the latter to be an infection in which the malarial plasmodia may be demonstrated to be present in the blood of an individual, but in which no clinical symptoms of the disease of sufficient gravity to attract attention

are to be observed. "The term should not be confined to those instances in which no symptoms of malaria have ever been present, for if the parasites be present in the blood in recurrent cases between the attacks the disease is as truly latent as it may be before the initial one." He recommends the administration of quinin for a long period in this condition.—*Jour. A. M. A.*

GRAY-OIL, NEW FORMULA.—Lafay has devised the following formula for a homogeneous permanent mixture for hypodermic administration:

- ℞ Mercury, 3 iiss.
Wool fat, 3 iiss.
Petrolatum, $\frac{3}{4}$ iss.

This need not be warmed before use. Queyrat, after using it for six weeks, states that it is painless and efficient.—*Le Bulletin Medical.*

MUCOPURULENT STOOLS.—As general treatment, Hare directs to irrigate with mercuric chloride 1:5000, followed by solution of 1:30,000, or with pure water; or, in place of mercuric chloride we may use boric acid (dram to pint) zinc sulphocarbolate (fifteen grains to quart of hot water), or tannic acid (one dram to the pint).—*Denver Med. Times.*

HEMATEMESIS.—

- ℞ Ferri subsulphatis, gr. xxx.

Ft. chartulæ No. x. Sig. One powder three times a day.

Indication.—Used to prevent recurrence of hemorrhage.—*Ex.*

HYDROPHOBIA.—

- ℞ Formaldehydi (40 per cent. sol.), fl. $\frac{3}{4}$ j.

Sig. Incise the wound, apply suction, and cauterize.

Indication.—To be applied as soon as possible after the bite.—*Ex.*

DIARRHEA.—The following will be found to be of value in diarrhea:

- R Zinc phenosulphonate,
Myricin,
Pulv. hydrastis, aa 3 j.
Saccharated pepsin,
Cerium oxalate, aa 3 iss.

M. Sig. Twelvegrains every two, three, four or six hours as needed.—*Burnett, The Med. Sum.*

WHITLOW.—The author mentions, as the varieties of whitlow, the subcuticular, subcutaneous, thecal abscess, and subperiosteal abscess. The cause of all is generally a streptococcus. If the infection is beneath the skin, the tendency for the inflammation to spread is greater than if the inflammation begins superficial to the cutis vera. In the subcuticular variety, deep incision should be avoided for fear of introducing the infection beneath the skin. The finger should be immersed in a hot solution, so as to soften the cuticle as much as possible and with the scalpel held flat, the cuticle shaved off until the inflammation focus is opened and the drop of pus evacuated.

The next variety is the commonest of all, the subcutaneous, and the treatment is early incision through the top of the finger, through the fibrofatty pad, sufficiently deep to expose or incise the whole thickness of this pad, but not so deep as to run any risk either of incising periosteum of the bone or of opening the tendon-sheath, which ends over the front aspect of the terminal phalanx of the finger. With these two reservations, a free incision, which can be done without giving an anesthetic, should be made in the middle line, directly through the fibrofatty pad of the finger.

In the thecal abscess, the area should be made bloodless by an Es-march bandage under general anes-

thesia, the skin and subcutaneous tissues incised, and then, if necessary, the tendon-sheath opened. If in doubt, the sheath should be tapped with a needle, and if the fluid is turbid, the theca opened. The incision should traverse the site of infection, and a second incision should be made at the other end of the tendon-sheath. The latter should never be laid open from end to end, for then the tendons stand out from the finger and invariably slough.

The treatment of the fourth or subperiosteal variety of whitlow is comparatively simple. It consists in making an incision through the fibrofatty pad at the top of the finger down to the bone. Care should be taken not to cut so high as to endanger opening the tendon-sheath. This incision gives free drainage; about a month later one is able to remove so much of the ungual phalanx as has necrosed. With few exceptions the base of the bone, with the attachments of the flexor and extensor tendon, survives and the wound heals without further trouble. Lead and spirit lotion (3 ss of each to 3 j of water) is the best application for all forms of terminal whitlow. The after-treatment of all forms consists in manipulation and massage.—*White, British Med. Jour.*

PARALYSIS AGITANS.—

- R Ol. phosphorati, m 68.
Ol. morrhue, fl. 3 i.

M. Pone in capsulas No. 48. Sig. One capsule two hours after meals. Indication.—Used as tonic.—*Ex.*

PHTHISIS.—

- R Quininæ hydrochloratis, 3 ij.
Pulv. digitalis, gr. xxiv.

M. Pone in capsulas No. xxiv. Sig. One capsule after each meal. Indications.—Used for fever and night sweat.—*Ex.*

NEURALGIA.—Durand uses locally two to eight drops of a one-per-cent. solution of veratrine in equal parts of diluted alcohol and distilled water (caution against getting it in the eyes) or:

℞ Veratrinæ,
Morph. hydrochlor., aa gr. iss.
Ungt. aq. rosæ, m viij.
M. Ft. ungt.

Apply a very small portion to the painful area with slight friction once or twice a day.—*Jour. de Med.*

CARE OF THE TEETH DURING PREGNANCY.—Paddock knows of nothing so efficacious in arresting decay of teeth at this time as milk of magnesia, lime water or a solution of sodium bicarbonate, a teaspoonful of soda in a glass of water. One of these should be used as a mouth wash after each meal and at bedtime, the remedial substance being thoroughly forced between the teeth.—*Denver Med. Times.*

ADDISON'S DISEASE.—

℞ Arseni iodidi, gr. iss.
Quininæ hydrochloratis,
Massæ ferri carbonatis, aa 3 j.
Aloini, gr. v.

M. et ft. pil. No. xxx. Sig. One pill three times a day after meals.

Indication.—Used to overcome the anemia.—*Ex.*

PROPHYLAXIS IN SYPHILIS.—Maisonneuve reports his experiments with ten-per-cent. calomel ointment as a prophylactic in syphilis recommended by Metchnikoff. Metchnikoff's original experiments were with mercurial ointment, but he found this was too irritating to the skin to be used as a general measure. Maisonneuve, after submitting himself to a careful personal examination, in order to definitely preclude any evidences of syphilis, allowed himself to be inoculated, in

the sulcus coronarius on each side, from the virus of two initial lesions from two well-defined cases of primary syphilis. This in the presence of Metchnikoff and four other physicians. The skin was scarified and the virus thoroughly rubbed into the abraded surface. One hour after the inoculation the parts were treated with ten-per-cent. calomel-lanolin ointment. Apes which were inoculated with the same secretion showed typical lesions of syphilis; others, likewise inoculated, but also treated with calomel ointment, remained free from syphilis. Maisonneuve submitted himself to careful examinations for three months, without showing the slightest evidence of syphilis, and the wounds promptly healed within seven days.—*Southern Medicine and Surgery.*

NEURALGIA.—

℞ Aconitinæ, gr. ⅓.
Sacchari lactis, gr. 36.
Alcohol, q. s.

M. Ft. tabellæ triturationes No. xxiv. Sig. One tablet cautiously not oftener than every four hours.

Indications.—Used to relieve pain resulting from acute inflammation of nerve. Only to be given in sthenic subjects with strong hearts.—*Ex.*

ULCERS.—

℞ Argenti nitratis, gr. iv.
Ext. hyoscyami, gr. vj.
Kaolini, gr. xxiv.

M. et ft. pil. No. xxiv. Sig. One pill three times a day.

Indication.—Used in gastric ulcer.
Ex.

OINTMENT FOR DANDRUFF.—

℞ Resorcinolis, 3 j.
Sulphuris præcipitati, 3 ij.
Petrolati, ad 3 iij.

M. Sig. Apply to scalp once a day.—*Jour. A. M. A.*

SIMPLE FEVER.—

- ℞ Potassii acetatis, 3 ij.
 Spir. ætheris nitrosi, 3 iv.
 Syr. simplicis, 3 j.
 Liq. ammonii acetatis, 3 ij.
 Aq. camphoræ, q. s. ad 3 viij.

Teaspoonful to tablespoonful doses according to age.—*Potter's Materia Medica*.

TO COVER THE TASTE OF CASTOR OIL.—Charles E. Paddock directs to squeeze into a glass the juice of half an orange, pour into this the oil and then add the juice of the other half of the orange.—*Denver Med. Times*.

NEURASTHENIA WITH TORPID LIVER. A good remedy for neurasthenia with torpid liver is:

- ℞ Fl. ext. chionanthus, 3 ij.
 Syr. juglans, q. s. 3 iv.

M. Sig. Half a teaspoonful three or four times a day.—*Burnett, The Med. Sum.*

THYROID EXTRACT IN HAY FEVER. Pottier reports three cases of hay fever treated by this means in the *Jour. de Med. de Paris*. He gave the remedy in doses of ten centigrammes, or one and one-half grains. One or two pills daily, till 25 or 30 are taken, usually suffice for a cure.—*Ex.*

QUINSY.—

- ℞ Tabellas ext. glandulæ suprarrenalæ No. xxiv, aa gr. v.

Sig. Dissolve a tablet on the tongue every four hours.

Indication. — Used in formative stage.—*Ex.*

ENZYME FROM RADISHES.—The filtered and dialyzed juice of the common radish possesses a marked hydrolyzing action on starch (*Phar. Jour.*). The sugar produced by its action has been identified as maltose. The fer-

ment has been precipitated and obtained as a powder. Radish juice contains no proteolytic ferment, since it has no action on fibrin or albumin in either acid or alkaline media.—*The Dietetic and Hygienic Gazette*.

PROSTATITIS.—

- ℞ Tinct. opii camphorata, 3 iss.
 Liq. potassæ, 3 ij.
 Tinct. lupulini, 3 iv.
 Tinct. hyoscyami, 3 ij.
 Syr. zingiberis, 3 iij.

Sig. Teaspoonful in half-glass of water after meals and at bedtime.—*Indian Med. Rec.*

OBSTETRIC POINTS.—After pains are not apt to occur if caulophyllin is administered for false pains and in the early stages.

Atropine is the remedy for after-pains, when there is also a hemorrhage serious enough to require a remedy.

For the severer character of after-pains spasmodic without hemorrhage, give gelseminine, gr. 1-250, every hour until the eyelids droop.

A good mild remedy for after-pains and a stimulant also is camphor monobromide, a grain every half hour till effect.—*Ex.*

PRURITUS AND ACCOMPANYING CUTANEOUS AFFECTIONS.—*Jour. de Med. de Paris* credits the following formula to Lutaud:

- ℞ Cold cream, grm. xxx.
 Citrine ointment, grm. j to iij.
 Camphor, grm. j.
 M.—*N. Y. Med. Jour.*

NASAL CATARRH.—

- ℞ Glyceriti hydrastis, fl. 3 iv.

Sig. Use in atomizer after alkaline wash.

Indications.—Used as astringent and antiseptic application in acute and ubacute cases.—*Ex.*

Johann Hoff's Malt With Iron

is an ideal preparation to build up

BLOOD and BODY

and is more readily absorbed into the
circulatory fluid than any other iron
preparation.

It is of marked value in all forms of
Anemia, Chlorosis and General Debility

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The Grease of a Cod Fish's Liver

Is of no more value than other grease. The virtue of Cod Liver Oil lies in the fact that it contains curative principles that are not grease, nor greasy. Only these curative principles taken from fresh Cod Liver Oil, are employed in the preparation of Hagee's Cordial of the Extract of Cod Liver Oil Compound. Where tonic, alterative and reconstructive treatment is indicated, prescribe

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INFECTIOUS DISEASES.—As the kidneys are the most active channel of elimination, not only of leucomaines and ptomaines, but also the micro-organisms of infectious and other diseases, it is specially important that elimination be constantly favored by the administration of a soothing and healing diuretic resolvent. This indication is met by administering Sanmetto in teaspoonful doses four times a day. This explains why this remedy is so valuable as adjuvant treatment in la grippe, scarlet fever, gonorrhea and other diseases.

INSTEAD OF MORPHIA OR OPIUM.—We meet with many cases in practice suffering intensely from pain, where because of an idiosyncrasy, or some other reason, it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired. In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is

not merely temporary and palliative but in very many cases curative. The most available form in which to exhibit these remedies is in antikamnia and codeine tablets.

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of antikamnia and codeine tablets guarantee the purity of every grain of codeine which enters into their tablets. This not only prevents habit and the consequent irritation which follows the use of impure codeia, but it does away with constipation or any other untoward effect.

BRIDGE THE GAP.—During the spring months, especially if the weather has been of the varied sort, the profession has its hands full of cases recovering from respiratory ailments and which need particular care to steer them safely to normal health.

There is a distinct gap which must be bridged over. It is the gap between an actual pathological entity and complete health. If, during this interval, the patient's strength is conserved and added to and he is properly protected, such a grave sequela, as the grafting on of a tubercular process is avoided, and the patient progresses to a normal state.

To bridge this gap nothing is quite so serviceable as a palatable cod liver

oil preparation. The representative of this class of remedies is Hagee's Cordial of the Extract of Cod Liver Oil Compound and it is in constant use by the profession, and with most gratifying results.—*The Medical Era*.

OXOLINT—THE NEW, PURE LINEN ABSORBENT.—The large amount of expensive advertising space now being used to exploit the new absorbent dressing—Oxolint—is interesting the profession. It is a significant fact that laymen as well as practitioners generally, are attracted by the claim that Oxolint is five times as absorbent as cotton, that it is more soothing and more sanitary, and that it leaves no fuzz sticking to the place of application. These claims are well worth consideration. Especially so, when we are assured by the manufacturers, the Oxford Linen Mills, that it is being furnished at no advance in price.

Oxolint is nothing more or less than absorbent linen. It does not seem unreasonable to suppose that the statements made regarding its superiority over absorbent cotton are well founded. In any event, this new dressing is receiving a fair trial by private physicians, nurses and hospitals.

Although about \$5,000,000 worth of absorbent cotton is used annually in the United States, surgeons who have given the matter some thought, freely acknowledge that cotton has not been entirely satisfactory. Possibly absorbent linen, or Oxolint, as its makers prefer calling it, may live up to its reputation and supercede absorbent cotton.

The manufacturers of cotton will not permit their rivals to monopolize the field without a struggle, so some beneficial arguments, both pro and con, may be looked for. Whatever the outcome may be, it looks as though the claims made for Oxolint

are so well founded that it will be quickly adopted, and will at least share the profits with its older rivals.

The Oxford Linen Mills occupies a unique position in the textile industry, from the fact that it is the first and only linen mill in the United States using American flax. Its directors are progressive and are credited with unusual business ability. The Oxford Mills seem to be fully capable of taking care of itself in any discussion which may arise. They are manufacturing linen toweling, Savoil and other linen products, at their large modern mill at North Brookfield, Massachusetts. The marketing of Oxolint being only an incident in their business.

Millions of dollars worth of flax straw goes up in smoke—every year. By a newly patented secret process owned by the Oxford Linen Mills this flax is being converted into beautiful pure linen—the finished product costing less than cotton.

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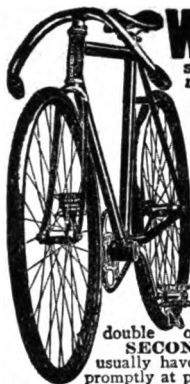
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the physical capital with which nature liberally endows the human organism. Too liberal and too frequent drafts deplete the vital store more rapidly than the normal deposits of force and energy are credited to the physical account. It is just at this period that the physician is consulted in his capacity as a physico financial expert. Upon his advice, at this critical juncture, depends the vital solvency of the patient. The undue expenditure of energy must be checked: the vital assets must be conserved: timely deposits of negotiable funds must be entered to the credit of the impaired balance. The vital bank account of the depleted anemic, the over-tired, over-worked neurasthenic, the chronic dyspeptic, the exsanguinated surgical patient, the marasmic infant and the exhausted convalescent are all in need of such deposits as vital energy. As the round gold "coin of the realm" is the standard of financial value, so is

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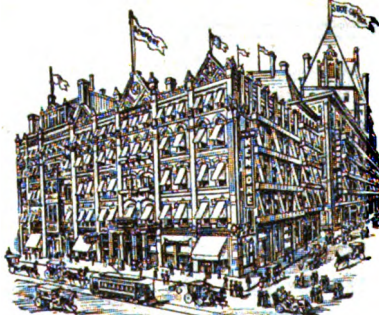
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